

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90244 001 *3,246.25

DOCUMENT # C10216

1. Entity Name

WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF F

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

37386



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN ST
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	SLIFER JR, CHARLES F	
STREET ADDRESS	P O BOX 597	
CITY-ST-ZIP	WALDO FL 32694-0597	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	HALL JR, CHARLES F	
STREET ADDRESS	P O BOX 305	
CITY-ST-ZIP	WALDO FL 32694-0305	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, RENDLER L	
STREET ADDRESS	4120 NW 31ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HODGES, JAMES J	
STREET ADDRESS	PO BOX 2049 N/A	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLEVINGER, EARNEST J	
STREET ADDRESS	P.O. BOX 722 NA	
CITY-ST-ZIP	WALDO FL 32694-0722	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Frederick Hall Jr	
STREET ADDRESS	Po Box 305 N/A	
CITY-ST-ZIP	Waldo FL 32694-0305	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Franklin Slifer Jr	
STREET ADDRESS	Po Box 597 N/A	
CITY-ST-ZIP	Waldo FL 32694-0597	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence Edgar Calentine	
STREET ADDRESS	27043 N W 98TH ST	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Lucas Bostwick Jr	
STREET ADDRESS	P. O. Box 297 N/A	
CITY-ST-ZIP	Waldo FL 32694	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earneest Clever J*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)