

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90107 001 \*\*\*673.74

**DOCUMENT # C10216**

1. Entity Name:

**WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF FLORIDA**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7526334**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD</b> <b>HALL, CHARLES F JR</b> <b>P.O BOX 305</b> <b>WALDO FL 32694-0305</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD</b> <b>SLIFER, CHARLES F JR</b> <b>P.O. BOX 597</b> <b>WALDO FL 32694-0597</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD</b> <b>CALENDINE, CLARENCE E</b> <b>27043 NW 98TH ST</b> <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BOSTWICK, KENNETH L JR</b> <b>P.O BOX 297</b> <b>WALDO FL 32694</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CLEVINGER, EARNEST J</b> <b>P.O. BOX 722 NA</b> <b>WALDO FL 32694-0722</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D)</b> <b>Charles Franklin Slifer Jr</b> <b>Po Box 597 N/A</b> <b>Waldo Fl 32694-0597</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D)</b> <b>Clarence Edgar Calendine</b> <b>27043 N W 98TH ST</b> <b>ALACHUA FL 32615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (D)</b> <b>Henry Sykes Eagle Jr</b> <b>5117 S E 171ST ST</b> <b>HAWTHORNE FL 32640</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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. **Earrest J. Clevinger, Sec.**

SIGNATURE: *X Earrest J. Clevinger* **3-5-02 353-418-2572**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)