

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90235 001 *4,602.50

DOCUMENT # C10247

1. Entity Name

WILLIAM T. CARLTON LODGE NO. 46 FREE AND ACCEPTE

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

38812



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

23-7526355

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 _____ 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	SWD BLANCHARD, JERALD L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2149 SW 77TH AVE	
CITY-ST-ZIP	BELL FL 32619	
TITLE NAME	JWD HEMOND, ROGER A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P O BOX 1858	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE NAME	WMD PFANNSCHMIDT, GREGORY A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P O BOX 1265	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE NAME	SD SCHREIBER, WILLIAM H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P O BOX 171	
CITY-ST-ZIP	BELL FL 32619	
TITLE NAME	T GILLIAM, JOSEPH W	<input type="checkbox"/> Delete
STREET ADDRESS	1760 NW 22ND CT	
CITY-ST-ZIP	BELL FL 32619	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Jerald Lane Blanchard	
CITY-ST-ZIP	2149 SW 77th Ave	
	Bell FL 32619	
TITLE NAME	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Roger Arthur Hemond	
CITY-ST-ZIP	P O-BOX-1858 N/A	
	TRENTON FL 32693	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	William Huntley Schreiber	
CITY-ST-ZIP	PO Box 171 N/A	
	Bell FL 32619	
TITLE NAME	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Anthony Scott Cruse	
CITY-ST-ZIP	7180 S E 82ND ST	
	TRENTON FL 32693	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Anthony S. Cruse* **ANTHONY S. CRUSE, SEC.** 4-4-01 352-463-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)