1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10324

1. Corporation Name

TEMPLE LODGE NO. 23 FREE AND ACCEPTED MASONS OF FLORIDA

9. Name and Address of Current Registered Agent

Principal Place of Business	
C/O ROY CONNOR SHEPPARD 220 OCEAN ST.	
JACKSONVILLE FL 32202	
US	

Mailing Address

C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 565904 - 90**0**09 - **1**

FILED
May 29, 1999 8:00 am §
Secretary of State

05-29-1999 90009 001 ***735.00

2. Principal F	Place of Business	2a. Mailing Ad	dress	3. Date incorporated or Qualifed 06/30/1992	
Suite, Apt	. #, etc.	Suite, Apt	. #, etc.	4. FEI Number	 Applied For
22		27		59-0478232	Not Applicable
City & Sta	te	City & Sta	te	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country 25	Zip 29	Country 30	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202

	10. Name and Address of New Registered Agent	
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City El 85 Z	ip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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SIGNATURE	N/A	MATT. Co	egistered Agent signature re	W/H	
12.	Signature, typed or printed name of registered agent and title OFFICERS AND DIRE	.,,	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
		DELETE	1.1 TITLE		Addition
TITLE	JWD	DELETE		WORSHIPFUL MASTER (D)	
NAME	WEESE, JAMES L	•	1.2 NAME	Cecil Loyed Wright Sr	
STREET ADDRESS	10544 BESSENT RD N		1.3 STREET ADDRESS	1544 EL CAMINO PO APT 5	
CITY-ST-ZIP	JACKSONVILLE FL 32218-5028		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216-2913 -	
TITLE	WMD	DELETE	2.1 TITLE	CCLITCE	Addition
NAME	HEISLER, BILLY GEARLD	7.	2.2 NAME	SENIOR WARDEN (D)	
STREET ADDRESS	3503 LENCZYK DR W		2.3 STREET ADDRESS	James L Weese	
CITY-ST-ZIP	JACKSONVILLE FL 32277		2.4 CITY-ST-ZIP	10544 Berrent Rd N	
TITLE	SWD	DELETE	3.1 TITLE	Jacksonville FL 32218-5028 *	☐ Addition
NAME	WRIGHT, CECIL LOYED SR		3.2 NAME	JUNIOR WARDEN (D) 🗸	
STREET ADDRESS	4915 BAYMEADOWS RD APT 6E		3.3 STREET ADDRESS	John Carroll Barber	
CITY-ST-ZIP	JACKSONVILLE FL 32217-4710		3.4 CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE	5453 South Bend Cir N Change	Addition
NAME	THORWART, RUDOLPH CARL JR	, .	4, 2 NAME	Jacksonville Fl 32207	
STREET ADDRESS	8713 COMO LAKE DR		4.3 STREET ADDRESS	TREASURER (D) 🗙	
CITY-ST-ZIP	JACKSONVILLE FL 32256-8431		4.4 CITY-ST-ZIP	Billy Gearld Heisler	
TITLE	SD	DELETE	5.1 TITLE	BSOB Lenczyk Dr W Change	Addition Addition
NAME	WALDING, JERRY EUGENE		5.2 NAME	Jacksonville Fl 32277	
STREET ADDRESS	P.O. 80X 37166 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE_FL 32236-7166		5.4 CITY-ST-ZIP	SECRETARY (D)	
TITLE	-	☐ DELETE	6.1 TITLE	Rudolph Carl Thorwart Jr 🗙 🗔	☐ Addition
NAME			6.2 NAME	7840 TIMBERLIN PARK BLVD	
STREET ADDRESS		<i>a</i>	6.3 STREET ADDRESS	JACKSONVILLE FL 32256-8431	
		//			

14. I hereby certify that the information supplied with this filing does not quarify for the exemption stated in Section 178.00 (A).

I hereby certify that the information supplied with this filing does not quarify for the exemption stated in Section 178.00 (A).

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SIGNATURE:

STATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/98

538 0848 Daytime Phone # CR2E037 (11/98)