

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90920 001 ***735.00

DOCUMENT # C10324

1. Entity Name
TEMPLE LODGE NO. 23 FREE AND ACCEPTED MASONS OF FLORIDA



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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0478232**

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	RIGDON, TERRY E	
STREET ADDRESS	PO BOX 1180	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	HOLDEN, JOHN G	
STREET ADDRESS	14584 SAN PABLO DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, ELIHEW	
STREET ADDRESS	2842 HEMLOCK CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALDING, JERRY E	
STREET ADDRESS	7015 MISS MUFFET LANE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARL THORWART, RUDOLPH JR	
STREET ADDRESS	7840 TIMBERLIN PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256-8431	
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	Terry Edward Rigdon	
STREET ADDRESS	P O BOX 505 N/A	
CITY-ST-ZIP	MIDDLEBURG FL 32050	
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Ray Harris II	
STREET ADDRESS	2314 HUCKINS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teddy Joe Bock	
STREET ADDRESS	7057 FOUNTAINBLEAU CRES	
CITY-ST-ZIP	JACKSONVILLE FL 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 another like empowered.

SIGNATURE: *R. Carl Thorwart* **SIGNATURE REQUIRED** 04/12/03 904-538-0848

CR2E037 (10/02)