

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90118 001 *1,286.25

DOCUMENT # N00000005063

1. Entity Name
PALMWOOD LODGE NO. 303, INC. FREE AND
ACCEPTED MASONS OF FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ROY CONNOR SHEPPARD

Suite, Apt. #, etc.
220 OCEAN STREET

City & State
JACKSONVILLE FL

Zip 32202 Country

3. Mailing Address
ROY CONNOR SHEPPARD

Suite, Apt. #, etc.
220 OCEAN STREET

City & State
JACKSONVILLE FL

Zip 32202 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1015035

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROY CONNOR SHEPPARD

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

220 OCEAN STREET

City JACKSONVILLE FL Zip Code 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE WORSHIPFUL MASTER (D)
NAME Charles Franklin Henderly
STREET ADDRESS 2648 Holly Rd.
CITY-ST-ZIP West Palm Beach FL 33406-4336

TITLE SENIOR WARDEN (D)
NAME Henry H Whittington
STREET ADDRESS 4834 O Orleans Ct
CITY-ST-ZIP West Palm Beach FL 33415

TITLE TREASURER (D)
NAME Carl Emory Akini
STREET ADDRESS 136 Winter Park Lane--
CITY-ST-ZIP Palm Beach Gardens FL 33410

TITLE SECRETARY (D)
NAME Jimmy Preston Bailey
STREET ADDRESS 4371 Arbor Way
CITY-ST-ZIP Palm Beach Gardens FL 33410-5905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE X Jim P Bailey

Sec.

4-8-03 561-622-3787

CR2E037B (12/02)