

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90480 001 \*2,817.50

**DOCUMENT # C10115**

1. Entity Name

**OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MA  
 SONS OF FLORIDA**

Principal Place of Business

**C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202**

Mailing Address

**C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202**

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

**23-7526377**

Applied For

Not Applicable

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

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

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ **SWD3** ☐ Delete  
 NAME ☒ **STEPHENS, EDDIE D SR**  
 STREET ADDRESS **10513 BAYHILLS CIRCLE**  
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☒ **SD** ☐ Delete  
 NAME ☒ **MAY, ROBERT A**  
 STREET ADDRESS **P O BOX 1539 N/A**  
 CITY-ST-ZIP **PLANT CITY FL 33564-1539**

TITLE ☒ **WMD** ☒ Delete  
 NAME ☒ **FORD, JAMES W**  
 STREET ADDRESS **2206 PARKWOOD DRIVE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ **TD** ☐ Delete  
 NAME ☒ **LYTLE, MICHAEL E**  
 STREET ADDRESS **6601 STAFFORD OAKS PL**  
 CITY-ST-ZIP **PLANT CITY FL 33565-8010**

TITLE ☒ **JWD** ☐ Delete  
 NAME ☒ **ROUNDS, ROBERT W**  
 STREET ADDRESS **112 W BATES ST**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
 NAME ☒ **Eddie Dwayne Stephens Sr**  
 STREET ADDRESS **3410 W RISK ST**  
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☒ **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
 NAME ☒ **Robert Wesley Rounds**  
 STREET ADDRESS **112 W Bates St**  
 CITY-ST-ZIP **Plant City FL 33566**

TITLE ☒ **JUNIOR WARDEN (D)** ☒ Change ☒ Addition  
 NAME ☒ **Floyd Kirby Alderman**  
 STREET ADDRESS **4140 RICE RD**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ 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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813 -  
 03-08-02 752-8061**

CR2E037 (9/01)