

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90322 001 \*1,531.25

**DOCUMENT # C10016**

1. Entity Name

**CLERMONT LODGE NO. 226 FREE AND ACCEPTED MASONS  
OF FLORIDA**



Principal Place of Business

**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US**

Mailing Address

**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 **59-6133560**

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 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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **CARROLL, JAMES PAUL**  
STREET ADDRESS **1740 ROSEWOOD DR**  
CITY-ST-ZIP **CLERMONT FL 34711-2944**

TITLE **WORSHIPFUL MASTER (D)** ☐ Addition  
NAME **Charles William McIntire Sr**  
STREET ADDRESS **12540 STATE PARK DRIVE**  
CITY-ST-ZIP **CLERMONT FL 34711-4078**

TITLE **WMD** ☒ Delete  
NAME **LITTLE, JERRY T**  
STREET ADDRESS **10215 NORTHGLEN DR**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SENIOR WARDEN (D)** ☐ Addition  
NAME **William James Farrer**  
STREET ADDRESS **3713 Kingswood Ct**  
CITY-ST-ZIP **Clermont FL 34711**

TITLE **JWD** ☒ Delete  
NAME **FARRER, WILLIAM JAMES**  
STREET ADDRESS **3713 KINGSWOOD CT**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition  
NAME **Charles Denby Lovette**  
STREET ADDRESS **10306 Lake Louisa Rd**  
CITY-ST-ZIP **Clermont FL 34711-8936**

TITLE **SW** ☒ Delete  
NAME **MCINTIRE, CHARLES W SR**  
STREET ADDRESS **12540 STATE PARK DR**  
CITY-ST-ZIP **CLERMONT FL 34711-4078**

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

TITLE **TD** ☐ Delete  
NAME **LAKE, CRAIG F**  
STREET ADDRESS **11503 NELLIE OAKS BEND**  
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete  
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: *James P. Carroll*

**JAMES P. CARROLL**

3/13/03 352-394-3422

CR2E037 (10/02)