

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

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

05-22-2003 90444 001 ***735.00

DOCUMENT # C10018

1. Entity Name

MALONE LODGE NO. 224 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

4. FEI Number

23-7526469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 EARNEST E. BAXTER
STREET ADDRESS P O BOX 262 N/A
CITY-ST-ZIP GREENWOOD, FL 32443-0262

TITLE SENIOR WARDEN (D)
NAME LESLIE E. MYERS
STREET ADDRESS P O BOX 2 N/A
CITY-ST-ZIP MALONE, FL 32445

TITLE JUNIOR WARDEN (D)
NAME WILLIAM H. DAVIS
STREET ADDRESS P O BOX 273 N/A
CITY-ST-ZIP GREENWOOD, FL 32443-0273

TITLE TREASURER (D)
NAME CHARLES F. TATOM
STREET ADDRESS P O BOX 154
CITY-ST-ZIP GREENWOOD, FL 32443-0154

TITLE SECRETARY (D)
NAME FRANCIS D. TOMPKINS
STREET ADDRESS P O BOX 2 N/A
CITY-ST-ZIP MALONE, FL 32445-0002

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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: *Earnest Baxter* Earnest Baxter, W.M. 4/30/03 850-569-2419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037R (12/02)