

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # C10024**

1. Entity Name

**FORT GREEN LODGE NO. 216 FREE AND ACCEPTED MASON  
 S OF FLORIDA**

Principal Place of Business

Mailing Address

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

**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

Zip

Country

Zip

Country

4. FEI Number

**59-1837080**

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

Name

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

City

**FL**

Zip Code

**SHEPPARD, ROY CONNOR  
 220 OCEAN STREET  
 JACKSONVILLE FL 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>JWD</b>			<input type="checkbox"/>
NAME	<b>MOYE, WILLIAM R</b>			
STREET ADDRESS	<b>9727 ST RD 64 W</b>			
CITY-ST-ZIP	<b>ONa FL 33865</b>			
TITLE	<b>WMD</b>			<input checked="" type="checkbox"/>
NAME	<b>TURNER, WENDELL A</b>			
STREET ADDRESS	<b>P O BOX 3 N/A</b>			
CITY-ST-ZIP	<b>WAUCHULA FL 33873-0003</b>			
TITLE	<b>SWD</b>			<input checked="" type="checkbox"/>
NAME	<b>THORNTON, LEONAD D</b>			
STREET ADDRESS	<b>2924 THOMAS RD</b>			
CITY-ST-ZIP	<b>BOWLING GREEN FL 33834</b>			
TITLE	<b>TD</b>			<input checked="" type="checkbox"/>
NAME	<b>MIDDLESTON, BILLY E</b>			
STREET ADDRESS	<b>1715 VANDOLA RD</b>			
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>			
TITLE	<b>SD</b>			<input type="checkbox"/>
NAME	<b>MOYE, WILLIAM R</b>			
STREET ADDRESS	<b>RR 1 BOX 141</b>			
CITY-ST-ZIP	<b>ONa FL</b>			
TITLE				<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>WORSHIPFUL MASTER (D)</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>Charles Raymond Krell Jr</b>				
STREET ADDRESS	<b>4874 Gillie Roberts Rd</b>				
CITY-ST-ZIP	<b>Bowling Green FL 33834</b>				
TITLE	<b>SENIOR WARDEN (D)</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>John Tyler Judah</b>				
STREET ADDRESS	<b>P. O. Box 464</b>				
CITY-ST-ZIP	<b>Bowling Green FL 33834-0464</b>				
TITLE	<b>JUNIOR WARDEN (D)</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>Jerry Lynn Gibson</b>				
STREET ADDRESS	<b>Rr 1 Box 176A</b>				
CITY-ST-ZIP	<b>Bowling Green FL 33834-9755</b>				
TITLE	<b>TREASURER (D)</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>William Randall Moye</b>				
STREET ADDRESS	<b>9727 St Rd 64 W</b>				
CITY-ST-ZIP	<b>Ona FL 33865</b>				
TITLE	<b>SECRETARY (D)</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>William Conard Moye</b>				
STREET ADDRESS	<b>9727 St Rd 64 West</b>				
CITY-ST-ZIP	<b>Ona FL 33865</b>				

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: **WILLIAM R MOYE, Sec.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **3/6/02** Daytime Phone #: **1-863-7350831**

CR2E037 (9/01)