

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90046 001 *6,125.00

DOCUMENT # C10027

1. Entity Name

LAKE WALES LODGE NO. 242 FREE AND ACCEPTED MASON

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US

ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202-3218
 US

12401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2900926

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.

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. DIRECTORS IN 10

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES LUTHER BAILEY JR	
STREET ADDRESS	3055 WALK-IN-WATER RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGORY ALLEN FISHER	
STREET ADDRESS	P.O. BOX 3911 (N/A)	
CITY-ST-ZIP	LAKE WALES FL 33859-3911	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	FARROW, WENDELL	
STREET ADDRESS	335 OLEANDER RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRABTREE, RANCE N	
STREET ADDRESS	4840 BENTON ST	
CITY-ST-ZIP	LAKE WALES FL 33853-8611	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	CARSON, RODGER C	
STREET ADDRESS	309 S 5TH ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodger Clifton Carson	
STREET ADDRESS	309 S 5th Street	
CITY-ST-ZIP	Lake Wales FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Norman Storms	
STREET ADDRESS	2755 Laurel Ave	
CITY-ST-ZIP	Lake Wales FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendell Farrow	
STREET ADDRESS	343 OLEANDER RD	
CITY-ST-ZIP	LAKE WALES FL 33853-5224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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:

Gregory A. Fisher
GREGORY A. FISHER
 3/13/00

863-428-2500 ext 2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #