

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90080 001 \*3,123.75

**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  
 US**



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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD CARSON, RODGER C 309 S 5TH ST LAKE WALES FL 33853</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GREGORY ALLEN FISHER P.O. BOX 3911 (N/A) LAKE WALES FL 33859-3911</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD STORMS, JAMES N 2755 LAUREL AVE LAKE WALES FL 33853</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CRABTREE, RANCE N 4840 BENTON ST LAKE WALES FL 33853-8611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD FARROW, WENDELL 343 OLEANDER RD LAKE WALES FL 33853-5224</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) Wendell Farrow 343 OLEANDER RD LAKE WALES FL 33853-5224</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) James Norman Storms 2755 Laurel Ave Lake Wales FL 33853</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D) Stanley E Lester 418 EAST PARK AVE LAKE WALES FL 33853</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Sec.* **Gregory A. Fisher, Sec.** **3/26/01** **904-354-2339**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)