

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

05-14-2002 90480 001 *2,817.50



DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10028

1. Entity Name

**WEST FLORIDA LODGE NO. 210 FREE AND ACCEPTED MAS
ONS OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

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

23-7526460

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 ☒ **RANEY, JOHN W** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **P O BOX 383 N/A
JAY FL 32565**

TITLE
NAME **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **Daniel Floyd Rudd
3240 Hwy 97
Molino FL 32577**

TITLE
NAME ☒ **SD
SHELBY, JAMES I** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **P O BOX 277 N/A
MOLINO FL 32577**

TITLE
NAME **SENIOR WARDEN** (D) ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **John Wayne Raney
P O Box 363 N/A
JAY FL 32565**

TITLE
NAME ☒ **SWD
RUDD, DANIEL F** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **3240 HWY 97
MOLINO FL 32577**

TITLE
NAME **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **Gene Ray Miller Sr
1505 BELL CREEK RD
JAY FL 32565**

TITLE
NAME ☒ **WMD
PAGE, CHARLES E** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1133 HWY 95A SOUTH
CANTONMENT FL 32533**

TITLE
NAME **TREASURER** (D) ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **Charles Edward Page
1133 Hwy 95A South
Cantonment FL 32533**

TITLE
NAME ☒ **TD
KING, JAMES L** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **6231 FAIRGROUND ROAD
MOLINO FL 32577**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES I. SHELBY

Date

Daytime Phone #

Sec,

850-587-5443

2 MAR 2002

CR2E037 (9/01)