2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # C10048

1. Entity Name

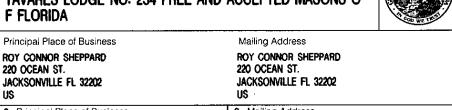
TAVARES LODGE NO. 234 FREE AND ACCEPTED MASONS O



03-27-2003 90322 001 *1,531.25

FILED

Mar 27, 2003 8:00 am Secretary of State



JACKSONVILLE FL 32202 US		JACKSONVILLE FL 32202 US			••••••••••••••••••••••••••••••••••••	(1012 01019 01091) BH (1010 10 0 4)	
2. Principal Place of Business		3. Mailing Address				/1011 1010)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING C	CHANGES	
City & State		City & State		4. FEI Number 59	-6133689	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name	Name			
SHEPPARD, ROY CONNOR			Street A	Street Address (P.O. Box Number is Not Acceptable)			
220 OCEAN STREET			Ollooti	Court in the second of the sec			
JACKSONVILLE FL 32202							
•• •			City		FL	Zip Code	
O The above	named entity submits this statement for	r the purpose of changing ite r	agistared office a	r registered agent or both in th		niliar with and accept	
	tions of registered agent.	the purpose of changing its in	egistered onice o	r registered agent, or both, in tr	le State of Florida. Tantilan	miliai with, and accept	
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ture required when reinstating)	DATE		
حير الراجية والمساء	the state of the s	100 mm 10		م د د د د د د د د د د د د د د د د د د د			
FILE NOW: FEE IS \$61.25				\$5.00 May Be	Make Check F		
Trust Fund Co			ontribution.	Added to Fees	Florida Departm	ient of State	
10.	OFFICERS AND DIF	ECTORS	11,	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN 10	
TITLE	WMD	Delete	TITLE	WORSHIPFUL M	ASTER (D)	Change Addition 8	
NAME	FARLING, RICHARD L		NAME	Christopher		· / /	
STREET ADDRESS	35246 WEST GRIFFIN DRIVE		STREET ADDRESS	, 385 Magnolia		ļ	
CITY-ST-ZIP	FRUITLAND PARK FL 34731-6014	<u> </u>	CITY-ST-ZIP	Tavares FL 3	2778		
TITLE	SWD	Delete	TITLE		لِلر :	Change	
NAME	ALAN VOSI, CHRISTOPHER	ŕ	NAME STREET ADDRESS	SENIOR WARDE			
STREET ADDRESS CITY-ST-ZIP	580 FERN AVE		CITY-ST-ZIP	Kevin L Harp	er , '	,	
	TAVARES FL 32778	VZ 5-14-	TITLE	906 LILY ST LEESBURG FL		Change 🗔 Addition	
TITLE NAME	BOLEVICH, VINCENT JOSEPH	Delete	NAME	,sound ri		_r Gridings	
STREET ADDRESS	31642 INDIANA AVE	,	STREET ADDRESS	' JUNIOR WARDE	•	•	
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wards /		
TITLE	SD	☐ Delete	TITLE	34239 WOODRI	1	Change Addition	
NAME	COX, RAYMOND C	Ja ranian	NAME	EUSTIS FL 32	/=5	×	
STREET ADDRESS	PO BOX 367		STREET ADDRESS	TREASURER	(D)	1	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737-	. ,	CITY-ST-ZIP	William Earn	•		
TITLE	JWD	Delete	TITLE	27713 LISA D		Addition	
NAME STREET ADDRESS	HARPER, KEVIN L 906 LILY ST		NAME STREET ADDRESS	TAVARES FL 3	2778	′	
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP			4	
TITLE	LELODONG I E 04/40	☐ Delete	TITLE			Change Addition	
NAME		□ Delete	NAME		_	_ c.ango nonnon	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-7IP		.	CITY-ST-7IP				

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. Lay mond (1, 0) of

SIGNATURE: