2091 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # C10059** 1. Entity Name FLORAL CITY LODGE NO. 133 FREE AND ACCEPTED MASO 04-25-2001 90235 001 *4,602.50 Principal Place of Business Mailing Address C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST. 38827 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1710601 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE FL 32202 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition WMD Delete TITLE TITLE WORSHIPFUL MASTER (D)NAME WAGNER, DONALD K NAME David A Aponte STREET ADDRESS STREET ADDRESS 8710 ORANGE AVENUE 6620 W CONSTITUTION LANE CITY-ST-ZIP FLORAL CITY FL 34436 HOMASASSA-FL- 34484 nange Delete TITLE TITLE Mayer, Joseph S NAME NAME (D)SEMIOR WARDEN STREET ADDRESS STREET ADDRESS 6046 E MALVERNE ST Charles Alan Walls CITY-ST-7IP CITY-ST-ZIP INVERNESS: FL 34452 12821 Big-Buck Trail -☐ Change ☐ Addition SWD TITLE Delete TITLE Floral City FL 34436 NAME NAME aponte. David a STREET ADDRESS 6620 WEST CONSTITUTION LANE STREET ADDRESS . (D) JUNIOR WARDEN CITY-ST-ZIP Richard Howard Moffett CITY-ST-ZIP HOMOSASSA FL 34484 3579 E FOXWOOD LANE Change ☐ Addition JWD Delete TITLE TIT) F WALLS, CHARLES A NAME NAME INVERNESS FL 34452 STREET ADDRESS STREET ADDRESS 12821 BIG BUCK TRAIL CITY-ST-ZIP CITY-ST-ZIP (D)Floral City FL 34436 TREASURER SD ☐ Delete TITI F Danny Lee Hammers Change ☐ Addition TITLE Jackson, William R NAME NAME 8618 E GOSPEL ISLAND RD STREET ADDRESS STREET ADDRESS 12200 SOUTH ELM POINT INVERNESS FL 34450 CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436-4515 Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 the empowered.

SINTLLIAM REJACKSON, SECRETARY

GNATURE:

SINTLLIAM REJACKSON, SECRETARY

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/00)