

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

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90113 001 \*1,470.00

**DOCUMENT # C10075**

1. Entity Name

**FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEP  
TED MASONS OF FLORIDA**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1688795**

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 ST  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JWD** ☒ Delete  
NAME **SITZ, ROBERT E**  
STREET ADDRESS **P.O. BOX 330781**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Ronald Weldon Wilson**  
STREET ADDRESS **12081 Simmons Rd**  
CITY-ST-ZIP **Jacksonville FL 32218-7517**

TITLE **WMD** ☒ Delete  
NAME **YOUNG, ROBERT L**  
STREET ADDRESS **4621 CASTLEWOOD DRIVE W**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **SENIOR WARDEN (D)** ☒ ☐ Addition  
NAME **Wayne Carter**  
STREET ADDRESS **14047 Duval Rd**  
CITY-ST-ZIP **Jacksonville FL 32218-2400**

TITLE **SD** ☐ Delete  
NAME **BRACEWELL, ROBERT D**  
STREET ADDRESS **P.O. BOX 123**  
CITY-ST-ZIP **JACKSONVILLE FL 32209-0123**

TITLE **JUNIOR WARDEN (D)** ☒ ☐ Addition  
NAME **John Thomas Givenz**  
STREET ADDRESS **15605 Tison Rd**  
CITY-ST-ZIP **Jacksonville FL 32218-1229**

TITLE **SWD** ☒ Delete  
NAME **WILSON, RONALD**  
STREET ADDRESS **12081 SIMMONS ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TREASURER (D)** ☒ ☐ Addition  
NAME **Robert Loren Young**  
STREET ADDRESS **4621 Castlewood Dr W**  
CITY-ST-ZIP **Jacksonville FL 32206**

TITLE **TD** ☒ Delete  
NAME **CARTER, WAYNE**  
STREET ADDRESS **14047 DUVAL ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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: *Robert D. Bracewell* Secy. 3/6/03 (904) 542-3937

CR2E037 (10/02)