

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90444 001 ***735.00

DOCUMENT # C10081

1. Entity Name

GRAND RIDGE LODGE NO. 169 FREE AND
ACCEPTED MASONS OF FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

220 OCEAN STREET

City & State

JACKSONVILLE FL

Zip

32202

Country

3. Mailing Address

ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

220 OCEAN STREET

City & State

JACKSONVILLE FL

Zip

32202

Country

4. FEI Number

23-7526440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROY CONNOR SHEPPARD

Street Address (P.O. Box Number is Not Acceptable)

220 OCEAN STREET

City

JACKSONVILLE

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WORSHIPFUL MASTER (D)
WILLIAM L. SHELL, JR
7683 PEAR ROAD
SNEADS, FL 32460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SENIOR WARDEN (D)
CHARLES A. DICKSON
1926 INWOOD ROAD
GRAND RIDGE, FL 32442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUNIOR WARDEN (D)
JERRY L. ALEXANDER
2004 GREEN AVENUE
SNEADS, FL 32460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER (D)
JOHN W. DEATON
8110 HAWLEY STREET
SNEADS, FL 32460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY (D)
EFRAIN G. MEDINA
P O BOX 1113 N/A
SNEADS, FL 32460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

Efrain G. Medina

SIGNATURE:

Efrain G. Medina

4/30/03

850-592-3386

CR200378 1/10/03