

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90219 001 ***490.00

DOCUMENT # C10084

1. Entity Name

RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF

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

23-7526380

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

**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.

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	JWD	<input checked="" type="checkbox"/> Delete
NAME	FRITH, TOMMIE E	
STREET ADDRESS	P.O. BOX 53	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIE, ALTON P	
STREET ADDRESS	RT 1, BOX 63	
CITY-ST-ZIP	RAIFORD FL 32083	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	SHIPLEY, OSCAR C	
STREET ADDRESS	P.O. BOX 734 N/A	
CITY-ST-ZIP	RAIFORD FL 32083	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIFFIS, ALVIN ALTON	
STREET ADDRESS	RR 1 BOX 500	
CITY-ST-ZIP	LAKE BUTLER FL 32054-9724	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSIER, JAMES DONALD	
STREET ADDRESS	RT 1 BOX 599	
CITY-ST-ZIP	LAWTEY FL 32058-9603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar Clinton Shipley	
STREET ADDRESS	PO Box 734 N/A	
CITY-ST-ZIP	Raiford FL 32083	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommie Edward Frith	
STREET ADDRESS	PO-Box-53 N/A	
CITY-ST-ZIP	Lake Butler FL 32054	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David O Smith	
STREET ADDRESS	RT 1 BOX 164	
CITY-ST-ZIP	RAIFORD FL 32083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James D. Rosier* **James D. Rosier, Sec.** 26-May-01 904-354-2339

CR2E037 (10/00)