

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90107 001 ***673.74

DOCUMENT # C10084

1. Entity Name

RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF FLORIDA

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
 NAME ☒ SMITH, DAVID O
 STREET ADDRESS RT 1 BOX 164
 CITY-ST-ZIP RAIFORD FL 32083 ☐ Delete

TITLE ☒ WMD
 NAME ☒ SHIPLEY, OSCAR C
 STREET ADDRESS P O BOX 734
 CITY-ST-ZIP RAIFORD FL 32083 ☐ Delete

TITLE ☒ SWD
 NAME ☒ FRITH, TOMMIE E
 STREET ADDRESS P O BOX 53
 CITY-ST-ZIP LAKE BUTLER FL 32054 ☒ Delete

TITLE ☒ TD
 NAME ☒ GRIFFIS, ALVIN ALTON
 STREET ADDRESS RR 1 BOX 500
 CITY-ST-ZIP LAKE BUTLER FL 32054-9724 ☐ Delete

TITLE ☒ SD
 NAME ☒ ROSIER, JAMES DONALD
 STREET ADDRESS RT 1 BOX 599
 CITY-ST-ZIP LAWTEY FL 32058-9603 ☐ Delete

TITLE ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐ Delete

TITLE ☐ SENIOR WARDEN (D) ☒ Change ☐ Addition
 NAME David O Smith
 STREET ADDRESS RT 1 BOX 164 M/A
 CITY-ST-ZIP RAIFORD FL 32083

TITLE ☐ JUNIOR WARDEN (D) ☐ Change ☒ Addition
 NAME Eric Paul Johnson Jr
 STREET ADDRESS RT 2 BOX 397
 CITY-ST-ZIP MACCLENNY FL 32063

TITLE ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐ Change ☐ Addition

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, Sec.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 904 354-3838
 Date Daytime Phone #

CR2E037 (9/01)