

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90157 001 \*\*\*918.75

**DOCUMENT # C10084**

1. Entity Name

**RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Eric Paul Johnson Jr**  
STREET ADDRESS **RT 2 BOX 397**  
CITY-ST-ZIP **MADDOLENNY FL 32063**

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

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **Oscar Clinton Shipley**  
STREET ADDRESS **PO Box 734 N/A**  
CITY-ST-ZIP **RAIFORD FL 32083**

TITLE **JWD** ☒ Delete  
NAME **JOHNSON, JR, ERIC PAUL**  
STREET ADDRESS **P O BOX 53**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **Tommie Edward Frith**  
STREET ADDRESS **PO Box 53 N/A**  
CITY-ST-ZIP **Lake Butler FL 32054**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

*James D. Rosier, Secretary*

SIGNATURE: \_\_\_\_\_

*James D. Rosier*

*3-18-03*

*386-431-1366*

CR2E037 (10/02)