

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90525 001 ***980.00

DOCUMENT # C10089

1. Entity Name

SANDERSON LODGE NO. 122 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

23-7526414

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 C
 220 OCEAN STREET
 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 ☒ NAME ☐ Delete
WMD
BRADFORD, WALTMAN JR
 STREET ADDRESS **ROUTE 2 BOX 985**
 CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

TITLE ☒ NAME ☐ Addition
WORSHIPFUL MASTER (D) ☒ Change
Josefino Natividad Dela Cruz
 STREET ADDRESS **P O Box 7125 N/A**
 CITY-ST-ZIP **Jacksonville FL 32238**

TITLE ☒ NAME ☐ Delete
SWD
PEARCE, JOHN C JR
 STREET ADDRESS **P.O. BOX 321**
 CITY-ST-ZIP **SANDERSON FL 32087**

TITLE ☒ NAME ☐ Addition
JUNIOR WARDEN (D) ☒ Change
John Albert Williams
 STREET ADDRESS **Route 1 Box 113**
 CITY-ST-ZIP **Sanderion FL 32087**

TITLE ☒ NAME ☐ Delete
JWD
DELA-CRUZ, JOSEFINO N
 STREET ADDRESS **P.O. BOX 7125**
 CITY-ST-ZIP **JACKSONVILLE FL 32238**

TITLE ☒ NAME ☐ Addition
TREASURER (D) ☒ Change
Bradford Waltman Jr
 STREET ADDRESS **Route 2 Box 985**
 CITY-ST-ZIP **Glen St Mary FL 32040**

TITLE ☒ NAME ☐ Delete
SD
BARTON, WELDON
 STREET ADDRESS **ROUTE 1 BOX 643**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE ☒ NAME ☐ Addition
SECRETARY (D) ☒ Change
William Ronald Taylor
 STREET ADDRESS **Rt 1 Box 180**
 CITY-ST-ZIP **Sanderion FL 32087**

TITLE ☒ NAME ☐ Delete
TD
BARTON, WILTON
 STREET ADDRESS **P.O. BOX 252**
 CITY-ST-ZIP **SANDERSON FL 32087-0252**

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

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

TITLE ☐ NAME ☐ Addition
 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 **William R. Taylor, Sec.**

SIGNATURE: *William R. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-2002 904-255-7471

CR2E037 (9/01)