

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90244 001 *3,246.25

0000285

DOCUMENT # C10096

1. Entity Name

HALIFAX LODGE NO. 81 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

4. FEI Number

23-7184987

Applied For

Not Applicable

Zip

Country

Zip

Country

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** ☒ Delete
 NAME **CARNES, CHARLES R**
 STREET ADDRESS **2614 BROOKLINE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168-5709**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **James M Payton**
 STREET ADDRESS **850 Christy Dr**
 CITY-ST-ZIP **Port Orange FL 32119**

TITLE **SD** ☐ Delete
 NAME **EVANS, WILLIAM J**
 STREET ADDRESS **P O BOX 185 N/A**
 CITY-ST-ZIP **DAYTONA BEACH FL 32115-0185**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Charles Ray Carnes**
 STREET ADDRESS **2614 Brookline**
 CITY-ST-ZIP **New Smyrna Beach FL 32168-5**

TITLE **SWD** ☒ Delete
 NAME **CRISS, LOUIS D JR**
 STREET ADDRESS **604 TOUCHTONE CIRCLE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **William Edward Broughton**
 STREET ADDRESS **17 Randolph Drive**
 CITY-ST-ZIP **Palm Coast FL 32164**

TITLE **D** ☒ Delete
 NAME **PAYTON, JAMES M**
 STREET ADDRESS **850 CHRISTY DR**
 CITY-ST-ZIP **PT ORANGE FL 32127**

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

TITLE **TD** ☐ Delete
 NAME **RAUCH, BRADLEY L**
 STREET ADDRESS **38 TIMBER TRAIL**
 CITY-ST-ZIP **PT ORANGE FL 32127**

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.

SIGNATURE:

William J. Evans
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **3/20/01** Daytime Phone # **(904) 254-4182**

CR2E037 (10/00)