

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90375 001 \*1,837.50

**DOCUMENT # C10099**

1. Entity Name

**PARKER LODGE NO. 142 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business

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

Mailing Address

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

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 **59-6136875**

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 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. 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JWD<br/>LEWIS JR, CARHELL<br/>3914 WEST 21ST ST<br/>PANAMA CITY FL 32405</b> <input checked="" type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>WMD<br/>WALKER, JOE WAYNE<br/>2725 W 27TH STREET<br/>PANAMA CITY FL 32405</b> <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SWD<br/>WERT, WAYNE NORMAN<br/>1325 STRATFORD AVENUE<br/>PANAMA CITY FL 32404-7337</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>DONAGHY, GARY WAYNE SR<br/>4627 HYACINTH STREET<br/>PANAMA CITY FL 32404-7023</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>STUBBS, HARRY LAVERT<br/>1502 PRIMROSE LANE<br/>PANAMA CITY FL 32404</b> <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                      |

|                                                |                                                                                                                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>Wayne Norman Wert<br/>1325 Stratford Ave.<br/>Parker Fl 32404-7337</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/>Carthell Lewis Jr<br/>3914 WEST 21ST ST<br/>PANAMA CITY FL 32405</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/>John Delmar L-Heureux<br/>133 Lauren Lane<br/>PANAMA CITY FL 32404</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Harry L. Stubbs*  
**REQUIRED**

**3-3-03**

**(850)871-2554**

CR2E037 (10/02)