

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

DOCUMENT # C10103

1. Entity Name

**HERNANDO LODGE NO. 97 FREE AND ACCEPTED MASONS O
 F FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202
 US**

**ROY CONNOR SHEPPARD
 220 OCEAN ST.
 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

4. FEI Number

59-1657220

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.

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 ☒ **TD**
 NAME **COLLINS, THOMAS A** ☐ Delete
 STREET ADDRESS **850 MOONLIGHT LN**
 CITY-ST-ZIP **BROOKSVILLE FL 34601-3014**

TITLE ☒ **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **Denver William Crabbs**
 STREET ADDRESS **18814 WORTHINGTON PRAIRIE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☒ **SD**
 NAME **CRABBS, DENVER W** ☐ Delete
 STREET ADDRESS **7499 ALOE DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☒ **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Gerald Marcel O'Dell**
 STREET ADDRESS **1205 DOVE LANE**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ **WMD**
 NAME **ROSSER, PAUL N** ☒ Delete
 STREET ADDRESS **20 CHERRY ST**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
 NAME **Hugh Joseph Delaney Sr**
 STREET ADDRESS **5335 HARRINGTON ST**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ **SWD**
 NAME **LOUSHWAY, HAROLD J** ☒ Delete
 STREET ADDRESS **5001 TWINGATE AVE**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ **SECRETARY (D)** ☐ Change ☒ Addition
 NAME **Kenneth Ray Perkins**
 STREET ADDRESS **3077 Meetinghouse Ln**
 CITY-ST-ZIP **Brookville FL 34601-8315**

TITLE ☒ **JWD**
 NAME **O'DELL, GERALD M** ☐ Delete
 STREET ADDRESS **1205 DOVE LN**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

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:

KENNETH R. PERKINS, SECRETARY

Kenneth R. Perkins 3/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)