

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90322 001 *1,531.25

DOCUMENT # C10104

1. Entity Name

ESTHER LODGE NO. 144 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

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

Mailing Address

**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 **59-6144379**

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 **SWD** ☒ Delete
NAME **RILEY, LESTER C**
STREET ADDRESS **600 E BROCK AVENUE**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **Lester C Riley**
STREET ADDRESS **600 E BROCK AVE**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **SD** ☒ Delete
NAME **WILLETT, WALTER B**
STREET ADDRESS **P O BOX 653 N/A**
CITY-ST-ZIP **BONIFAY FL 32425-0653**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Melvin Phillips**
STREET ADDRESS **402 E Iowa Ave**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **WMD** ☒ Delete
NAME **SIMS, DAVID C**
STREET ADDRESS **2108 CANEY BRANCH RD**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **James Michael Richardson**
STREET ADDRESS **698 BRADLEY LANE**
CITY-ST-ZIP **CHIPLEY FL 32425**

TITLE **TD** ☐ Delete
NAME **EVERETT, JOHN L**
STREET ADDRESS **611 N TRACY ST**
CITY-ST-ZIP **BONIFAY FL 32425-1748**

TITLE **SECRETARY** (D) ☐ Change ☒ Addition
NAME **Dennis Marvin Patton**
STREET ADDRESS **3379 Rate Pond Road**
CITY-ST-ZIP **Vernon FL 32462-9801**

TITLE **JWD** ☒ Delete
NAME **PHILLIPS, MELVIN**
STREET ADDRESS **402 E IOWA AVE**
CITY-ST-ZIP **BONIFAY FL 32425-2212**

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:

SIGNATURE REQUIRED
DENNIS M. PATTON
3-12-03 850535

CR2E037 (10/02)