

# 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 # C10108**

1. Entity Name

**TRILBY LODGE NO. 141 FREE AND ACCEPTED MASONS OF  
FLORIDA**



Principal Place of Business

**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202**

Mailing Address

**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 **23-7526425**

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 **STANLEY, RONALD E**  
STREET ADDRESS **17721 NATHANS DRIVE**  
CITY-ST-ZIP **TAMPA FL 33647-2285**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Ronald Edward Stanley**  
STREET ADDRESS **1421 Baycrest Dr**  
CITY-ST-ZIP **Wesley Chapel FL 33543**

TITLE **JWD** ☒ Delete  
NAME **GENTRY, JAMES W**  
STREET ADDRESS **PO BOX 1081**  
CITY-ST-ZIP **LACOOCHEE FL 33537**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **James Walker Gentry**  
STREET ADDRESS **PO Box 1081 N/A**  
CITY-ST-ZIP **Lacoochee FL 33537**

TITLE **WMD** ☒ Delete  
NAME **BURKETT, WILLIAM P JR**  
STREET ADDRESS **35436 RUFFING RD**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **Keith Alan Ankrom**  
STREET ADDRESS **8131 West Dr**  
CITY-ST-ZIP **Wesley Chapel FL 33544**

TITLE **TD** ☐ Delete  
NAME **RAPOSA, LYNN C**  
STREET ADDRESS **36743 COLEMAN AVE**  
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **SD** ☐ Delete  
NAME **COUNCIL, JOHN R**  
STREET ADDRESS **36709 COVINGTON RD**  
CITY-ST-ZIP **DADE CITY FL 33525**

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

*Ronald E. Stanley*

3-7-03

904-354-2339

CR2E037 (10/02)