

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90528 001 \*\*\*918.75

**DOCUMENT # C10112**

1. Entity Name

**PERRY LODGE NO. 123 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**

- 73650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7161310**

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 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.

(NOT 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	<b>WMD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POWERS, PHILIP A</b>	
STREET ADDRESS	<b>1349 HOUCK ROAD</b>	
CITY-ST-ZIP	<b>PERRY FL 32347-9734</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MERRITT, CLYDE</b>	
STREET ADDRESS	<b>118 PACE DRIVE</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>SWD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANDERS, CHARLES A</b>	
STREET ADDRESS	<b>RR 1, BOX 736</b>	
CITY-ST-ZIP	<b>PERRY FL 32347-9755</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, CARL RAYMOND SR.</b>	
STREET ADDRESS	<b>RT 4 BOX 416</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>WORSHIPFUL MASTER (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Charles Allen Sanders</b>	
STREET ADDRESS	<b>Rr 1 Box 736</b>	
CITY-ST-ZIP	<b>Perry FL 32347-9755</b>	
TITLE	<b>SENIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David Eiton Burden</b>	
STREET ADDRESS	<b>RT 3 BOX 103 A</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>JUNIOR WARDEN (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James Ambers Burden</b>	
STREET ADDRESS	<b>172 McNeese Road</b>	
CITY-ST-ZIP	<b>Perry FL 32347-6459</b>	
TITLE	<b>SECRETARY (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daryl Thomas Gunter</b>	
STREET ADDRESS	<b>3142 EUSTIS GUNTER RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32347-3021</b>	
TITLE	<b>SR WARDEN (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AA. BERT JOHNSON III</b>	
STREET ADDRESS	<b>FOLEY CUTOFF RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32348</b>	

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 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]* **Daryl T. Gunter, Sec** *[Signature]* **4/29/01** **850-584-7514**

CR2E037 (10/00)