

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90108 002 ***781.25

DOCUMENT # C10112

1. Entity Name

PERRY LODGE NO. 123 FREE AND ACCEPTED MASONS OF FLORIDA

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**

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

23-7161310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

| | | |
|----------------|-----------------------------------|--|
| TITLE | WMD | <input checked="" type="checkbox"/> Delete |
| NAME | SANDERS, CHARLES A | |
| STREET ADDRESS | RT 1 BOX 736 | |
| CITY-ST-ZIP | PERRY FL 32347-9734 | |
| TITLE | SWD | <input checked="" type="checkbox"/> Delete |
| NAME | MERRITT, CLYDE | |
| STREET ADDRESS | 118 PACE DRIVE | |
| CITY-ST-ZIP | PERRY FL 32347 | |
| TITLE | JW | <input type="checkbox"/> Delete |
| NAME | DURDEN, JAMES A | |
| STREET ADDRESS | 172 MCNEESE RD | |
| CITY-ST-ZIP | PERRY FL 32347-9755 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | WILLIAMS, CARL RAYMOND SR. | |
| STREET ADDRESS | RT 4 BOX 416 | |
| CITY-ST-ZIP | PERRY FL 32347 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | GUNTER, DARYLL T | |
| STREET ADDRESS | 3142 EUSTIS GUNTER RD | |
| CITY-ST-ZIP | PERRY FL 32347 | |
| TITLE | SWD | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, ALBERT III | |
| STREET ADDRESS | FOLEY CUT OFF RD | |
| CITY-ST-ZIP | PERRY FL 32348 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | WORSHIPFUL MASTER | (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James Ambers Durden | |
| STREET ADDRESS | 172 McNeese Road | |
| CITY-ST-ZIP | Perry FL 32347-6459 | |
| TITLE | SENIOR WARDEN | (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | A.A. Bert Johnson III | |
| STREET ADDRESS | 3179 Lipicomp Cir | |
| CITY-ST-ZIP | Perry FL 32347-9513 | |
| TITLE | JUNIOR WARDEN | (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sammy Ray Hunter | |
| STREET ADDRESS | 102 Miller Dr | |
| CITY-ST-ZIP | Perry FL 32348-5906 | |
| TITLE | TREASURER | (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Anthony J Hendry | |
| STREET ADDRESS | 5286 PUCKETT RD | |
| CITY-ST-ZIP | PERRY FL 32347-7589 | |
| TITLE | SECRETARY | (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Donald Wayne Love | |
| STREET ADDRESS | 3848 Green Farm Road | |
| CITY-ST-ZIP | Perry Fl 32347 | |

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:

Donald Wayne Love, Sec. 4-18-02 850-584-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)