

# 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 # C10115**

1. Entity Name

**OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MA  
SONS OF FLORIDA**



Principal Place of Business

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

Mailing Address

**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSSONVILLE 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 **23-7526377**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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

TITLE	<b>WMD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEPHENS, EDDIE D SR</b>	
STREET ADDRESS	<b>3410 W RISK ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MAY, ROBERT A</b>	
STREET ADDRESS	<b>P O BOX 1539 N/A</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33564-1539</b>	
TITLE	<b>WMD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FORD, JAMES W</b>	
STREET ADDRESS	<b>2206 PARKWOOD DRIVE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYTLE, MICHAEL E</b>	
STREET ADDRESS	<b>6601 STAFFORD OAKS PL</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565-8010</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> Delete
NAME	<b>ROUNDS, ROBERT W</b>	
STREET ADDRESS	<b>112 W BATES ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>JWD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALDERMAN, FLOYD K</b>	
STREET ADDRESS	<b>4140 RICE RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>WORSHIPFUL MASTER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOYD KIRBY ALDERMAN</b>	
STREET ADDRESS	<b>4140 RICE RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>JUNIOR WARDEN (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENNIS WAYNE BROWN</b>	
STREET ADDRESS	<b>P O BOX 4692 N/A</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33564</b>	
TITLE	<b>TREASURER (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM HUBBARD WILSON</b>	
STREET ADDRESS	<b>2825 CLUB HOUSE DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBERT A. MAY** 3/5/03 792-8061

CR2E037 (10/02)