

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

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90113 001 \*1,470.00

**DOCUMENT # C10119**

1. Entity Name

**STAR LODGE NO. 78 FREE AND ACCEPTED MASONS OF FL  
ORIDA**



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 **23-7163084**

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 C  
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 **SD** ☐ Delete  
NAME **THOMPSON, CHARLES L**  
STREET ADDRESS **108 ASPEN CIRCLE**  
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **SWD** ☒ Delete  
NAME **DAVIDSON, II, ROBERT DALE**  
STREET ADDRESS **9448 117TH ST. N**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **JWD** ☒ Delete  
NAME **VAZQUEZ JR, THEODORE J**  
STREET ADDRESS **6464 2ND PALM POINT**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33706-2120**

TITLE **TD** ☐ Delete  
NAME **SALLIOTTE, DENNIS R**  
STREET ADDRESS **817 GULF BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE **WMD** ☒ Delete  
NAME **ALBRIGHT, BRENT W**  
STREET ADDRESS **7100 ULMERTON RD LOT 66B**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Robert Dale Davidson II**  
STREET ADDRESS **9448 117th St N**  
CITY-ST-ZIP **Seminole FL 33772**

TITLE **SENIOR WARDEN (D)** ☒ Change ☒ Addition  
NAME **Donald Raymond Langworthy**  
STREET ADDRESS **807 Lake Palm Dr.**  
CITY-ST-ZIP **Largo FL 33771-3235**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☒ Addition  
NAME **Wilbur Marshall Hall**  
STREET ADDRESS **7100 Ulmerton Road #2165**  
CITY-ST-ZIP **Largo FL 33771**

TITLE ☐ Change ☐ Addition  
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: *Robert D. Davidson, II*

**3/29/03 904-354-2339**

CR2E037 (10/02)