

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10148

1. Entity Name

NATURAL BRIDGE LODGE NO. 106 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90220 001 ***796.25

73845

DO NOT WRITE IN THIS SPACE

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202		Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET 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 23-7526401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROY CONNOR SHEPPARD 220 OCEAN STREET 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition ARNIE PRYOR, JR. 14 FARM ROAD WESTVILLE FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAM T. HEAD 17443 HWY 83 N DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT WILKERSON 1563 HWY 181 DEFUNIAK SPRINGS FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition JAMES L. CAMPBELL 138 SCHOFIELD ROAD DEFUNIAK SPRINGS FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition KENNETH S. PRIDGEN 17443 HWY 83 N DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <i>Kenneth S. Pridgen</i>		Kenneth S. Pridgen	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5-15-01 Daytime Phone # 904-354-2334	