

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-19-2002 90108 001 ***260.00

DOCUMENT # C10148

1. Entity Name NATURAL BRIDGE LODGE NO. 106 FREE AND
ACCEPTED MASONS OF FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SHEPPARD, ROY CONNOR

3. Mailing Address SHEPPARD, ROY CONNOR

Suite, Apt. #, etc.
220 OCEAN STREET

Suite, Apt. #, etc.
220 OCEAN STREET

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
23-7526401

Applied For
Not Applicable

Zip
32202

Country

Zip
32202

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SHEPPARD, ROY CONNOR

Street Address (P.O. Box Number is Not Acceptable)
220 OCEAN STREET

JACKSONVILLE FL 32202

City JACKSONVILLE FL FL Zip Code
32202

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME PRYOR, ARNIE JR
STREET ADDRESS 14 FARM ROAD
CITY-ST-ZIP WESTVILLE FL 32464

TITLE SWD
NAME HEAD, WILLIAM T
STREET ADDRESS 17443 ST HWY 83 N
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE JWD
NAME WILKERSON, ROBERT
STREET ADDRESS 1563 HWY 181
CITY-ST-ZIP WESTVILLE FL 32464

TITLE TD
NAME CAMPBELL, JAMES L
STREET ADDRESS 138 SCHOFIELD ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32437

TITLE SD
NAME PRIDGEN, KENNETH S
STREET ADDRESS 17443 HWY 83 N.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Kenneth S. Pridgen, Sec.

4-20-02 904-354-2339