

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

DOCUMENT # C10163

1. Entity Name

EZRA LODGE NO. 67 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

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

**C/O 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

59-0950560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN ST
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **WMD** ☐ Delete
 NAME ☒ **MAYBERRY, EUGENE R**
 STREET ADDRESS **7351 OAKWOOD STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **George Henry Arnau**
 STREET ADDRESS **10020 Leisure Ln N**
 CITY-ST-ZIP **Jacksonville FL 32256-7105**

TITLE ☒ **SWD** ☐ Delete
 NAME ☒ **CREWS, WILLIAM ELBERT JR**
 STREET ADDRESS **1076 EAGLE BEND CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32226-9501**

TITLE ☐ **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Eugene Randall Mayberry**
 STREET ADDRESS **7351 OAKWOOD ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☒ **JWD** ☐ Delete
 NAME ☒ **ARNAU, GEORGE HENRY**
 STREET ADDRESS **10020 LEISURE LANE N**
 CITY-ST-ZIP **JACKSONVILLE FL 32256-7105**

TITLE ☐ ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ **TD** ☐ Delete
 NAME ☒ **JONES, JAMES AARON**
 STREET ADDRESS **14000 INLET DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225-2006**

TITLE ☐ ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ **SD** ☐ Delete
 NAME ☒ **MIXON, JAMES WILLIAM SR**
 STREET ADDRESS **2345 BROWARD ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218-5147**

TITLE ☐ ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02 904 751-2981

CR2E037 (9/01)