

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91003 001 \*1,470.00

**DOCUMENT # C10167**

1. Entity Name

**DADE LODGE NO. 14 FREE AND ACCEPTED MASONS OF FL  
ORIDA**



Principal Place of Business

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

Mailing Address

**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 **23-7109183**

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>JWD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEMELGARN, WILLIAM J</b>	
STREET ADDRESS	<b>3224 HARRIET AVENUE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>WMD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVILA, GREGORY D</b>	
STREET ADDRESS	<b>2505 FLAGLER AVENUE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>SWD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRAGA, CHARLES D</b>	
STREET ADDRESS	<b>2914 FLAGLER AVENUE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVILA, MICHAEL A</b>	
STREET ADDRESS	<b>1709 BAHAMA DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANCINI, VINCENT</b>	
STREET ADDRESS	<b>P.O BOX 1494</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33041-1494</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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>Charles D Fraga</b>	
STREET ADDRESS	<b>2914 Flagler Ave</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>SENIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William J Hemmelgarn</b>	
STREET ADDRESS	<b>3224 HARRIET AVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>JUNIOR WARDEN (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tracy Gordon Hewanitz</b>	
STREET ADDRESS	<b>809 Airhe ST</b>	
CITY-ST-ZIP	<b>Key West FL 33040</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>SECRETARY (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gregory D Davila</b>	
STREET ADDRESS	<b>2505 FLAGLER AVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

*Gregory D. Davila*

3/6/03

305 293-8554

CR2E037 (10/02)

Attachment #

SSO19173  
C10167

2003 Uniform Business Report			
No.	Lodge	Date Recd	Amount
14	Dade	03/15/03	\$61.25
17	Wauchula	03/15/03	\$61.25
37	Saint Johns	03/15/03	\$61.25
48	Dade City	03/15/03	\$61.25
73	Curfew	03/15/03	\$61.25
86	Pineland	03/15/03	\$61.25
102	Ashmore	03/15/03	\$61.25
118	Citrus	03/15/03	\$61.25
134	Red Level	03/15/03	\$61.25
135	Auburndale	03/15/03	\$61.25
137	High Springs	03/15/03	\$61.25
157	Ponce De Leon	03/15/03	\$61.25
189	Lawtey	03/15/03	\$61.25
219	Haines City	03/15/03	\$61.25
242	Lake Wales	03/15/03	\$61.25
243	Oviedo	03/15/03	\$61.25
249	Sebring	03/15/03	\$61.25
272	Ribault	03/15/03	\$61.25
292	Community	03/15/03	\$61.25
324	Inglis	03/15/03	\$61.25
342	Stafford Caldwell	03/15/03	\$61.25
357	Noah	03/15/03	\$61.25
372	Lantana	03/15/03	\$61.25
398	Ridge Masonic	03/15/03	\$61.25
400	Mount Moriah	03/15/03	\$61.25

payable to state

0.00 \*

24. x

61.25 =

1,470.00

904-354-2339