


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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90920 001 ***735.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # C10177	
1. Entity Name IRA CARTER LODGE NO. 150 FREE AND ACCEPTED MASONS OF FLORIDA	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ROY CONNOR SHEPPARD	3. Mailing Address ROY CONNOR SHEPPARD
Suite, Apt. #, etc. 220 OCEAN STREET	Suite, Apt. #, etc. 220 OCEAN STREET
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32202	Country

4. FEI Number 59-2269371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROY CONNOR SHEPPARD
Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET
City JACKSONVILLE 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. 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** _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) JERRY F. BROWN 25704 SW 19TH AVENUE NEWBERRY, FL 32669-9407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) WILLIAM C. ROBINSON P O BOX 893 N/A NEWBERRY F. 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) DAVID W. GADDY 8308 SW 138TH STREET ARCHER FL 32618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) LAWRENCE C. KEENE 19923 SW 15TH AVENUE NEWBERRY, FL 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) J. ELGAN ALTIZER, JR. P O BOX 445 N/A NEWBERRY FL 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

J. Elgan Altizer, Jr.

4123103

352-472-5377

CR2E037B (12/02)

SIGNATURE: