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

DOCUMENT # C10179

1. Entity Name



May 12, 2003 8:00 am Secretary of State 05-12-2003 90920 001 ***735.00

FILED

| PINELLAS | DAYLIGHT | lodge no |). 385 | FREE | and | ACCEP | TE |
|----------|------------|----------|--------|------|-----|-------|----|
| D MASON | s of flori | DA | | | | | |

| Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202 US 2. Principal Place of Business | | Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202 US 3. Mailing Address | | | | | |
|--|--|--|--|---|------------------------------|--------------------|--------------------------|
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | HECK HERE IF MAKING | ., 51511 51511 571 | |
| City & Stat | е | City & State | | 4. FEI Number 59 | -2412113 | | pplied For |
| Zip | Country | Zip | Country | 5. Certificate of Star | tus Desired | \$8.75 Add | t Applicable ditional |
| | 6. Name and Address of Current F | legistered Agent | | 7. Name and Addre | ess of New Registered A | | |
| 220 OCE | RD, ROY C AN STREET | | Name Street Addre | ess (P.O. Box Number is No | ot Acceptable) | | |
| JACKSOI | NVILLE FL 32202 | | City | | FL | Zip Code | e |
| SIGNATURE | ions of registered agent. Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25 | | Registered Agent signature received agent signature received and signature received agent and signature received agent a | spired when reinstating) \$5.00 May Be Added to Fees | Make Check Florida Depart | | |
| ٠ | | | | | | | |
| TITLE NAME * STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRI WMD STEUBE, WILLIAM B III 6468 JARVIS RD SARASOTA FL 34241-5613 | ECTORS Delete | NAME : | VORSHIPFUL M Lowell Kelly 1485 76Th Te | Dougherty rr | hange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILLIS, ALTON EARL 2419 GULF TO BAY BLVD, LOT 1 CLEARWATER FL 33765 | ☐ Delete | NAME STREET ADDRESS | inellas Par UNIOR WARDEI Jarold Richa 25 Country (| v (D) nd Hayes / | Change | Desdition |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP | T KIRKPATRICK, ROBERT G 1846 PENN WOOD CIR CLEARWATER FL 34616 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | argo F1 337: | 71-2246 | ☐ Change | Addition |
| TITLE Name Street address City-St-Zip | SWD DOUGHERTY, LOWELL K 6485 76TH TERR PINELLAS PARK FL 33781 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JWD CHESHIRE, CLAUD C 1401 77TH AVE N SAINT PETERSBURG FL 33702-51 | Delete 27 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Ż, | ☐ Change | Addition |

12. I hereby certify that the information supplied with this filling 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 andress, with all other like empowered.

SIGNATURE:

MILLIS 12APR 03

AHachment

| | 2003 Uniform Busine | | |
|-----|---------------------|-----------|---------|
| No. | Lodge | Date Recd | Amount |
| 23 | Temple | 04/29/03 | \$61.25 |
| 62 | Sanford | 04/29/03 | |
| 89 | Melrose | 04/29/03 | |
| 112 | Tarpon | 04/29/03 | |
| 150 | Ira Carter | 04/29/03 | - |
| 191 | Corinthian | 04/29/03 | \$61.25 |
| 294 | Crawford | 04/29/03 | \$61.25 |
| 355 | East Gate | 04/29/03 | - |
| 370 | Hyde Park | 04/29/03 | \$61.25 |
| 378 | Springs | 04/29/03 | |
| 382 | Eastside | 04/29/03 | \$61.25 |
| 385 | Pinellas Daylight | 04/29/03 | \$61.25 |

55040180 Clo32H

12

ck No. 002366