

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90480 001 *2,817.50

DOCUMENT # C10180

1. Entity Name

BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

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

Mailing Address

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

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

23-7526575

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 STREET
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

TITLE ☐ Delete
 NAME **WMD**
 STREET ADDRESS **SMITH, BUFORD EARL**
 CITY-ST-ZIP **1704 SOUTH 1ST ST PENSACOLA FL 32501-5235**

TITLE ☒ Delete
 NAME **SWD**
 STREET ADDRESS **WIMBERLY, WILLIAM A JR**
 CITY-ST-ZIP **5616 TODD ST PACE FL 32571**

TITLE ☐ Delete
 NAME **JWD**
 STREET ADDRESS **BRYANT, JAMES LEWIS**
 CITY-ST-ZIP **34 WHITEHEAD DRIVE PENSACOLA FL 32503**

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **TURLINGTON, ELWOOD T JR**
 CITY-ST-ZIP **6115 EAST SHORE DRIVE PENSACOLA FL 32505**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **SENIOR WARDEN**
 STREET ADDRESS **JAMES LEWIS BRYANT**
 CITY-ST-ZIP **34 Whitehead Dr Pensacola FL 32503**

TITLE ☐ Change ☒ Addition
 NAME **JUNIOR WARDEN**
 STREET ADDRESS **John Edward Agerton**
 CITY-ST-ZIP **4707 Nicholas Creek Rd Milton FL 32583**

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **Donald T Skowronski**
 CITY-ST-ZIP **20391 BOGGY LANE SEMINOLE AL 36514**

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

TITLE ☐ Change ☐ Addition
 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:

Donald T. Skowronski
 Sec.
 1-251-946
 3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)