

2002 UNIFORM BUSINESS REPORT (UBR)

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

0000003

DOCUMENT # C10243

1. Entity Name

**EDWARD R. ROWE SR. LODGE NO. 374 FREE AND ACCEPT
ED MASONS OF FLORIDA**

03-29-2002 91540 001 *4,471.25

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US**

**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 **59-1622530**

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**
NAME **LEWIS, RALPH H**
STREET ADDRESS **1931 N.W. 34TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605-3642** ☐ Delete

TITLE ☒ **SWD**
NAME **WILLIAMS, THEODORE R**
STREET ADDRESS **1806 N.W. 10TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32609-3424** ☐ Delete

TITLE ☒ **JWD**
NAME **NELSON, ELMER GEORGE**
STREET ADDRESS **1719 NW 23RD AVENUE #10**
CITY-ST-ZIP **GAINESVILLE FL 32605-3005** ☐ Delete

TITLE ☒ **TD**
NAME **WHEELER, JOHN WILLIAM**
STREET ADDRESS **1515 NE 8TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601-3742** ☐ Delete

TITLE ☒ **SD**
NAME **VAN WINKLE, ROBERT**
STREET ADDRESS **3969 N.W. 27TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☒ **WORSHIPFUL MASTER (D)** ☐ Change ☐ Addition
NAME **John William Wheeler**
STREET ADDRESS **1515 NE 8TH St**
CITY-ST-ZIP **Gainesville FL 32601-3742**

TITLE ☒ **SENIOR WARDEN (D)** ☐ Change ☐ Addition
NAME **Marcus Euly Sweet Jr**
STREET ADDRESS **4024 S W 38TH St**
CITY-ST-ZIP **Gainesville FL 32608-2320**

TITLE ☒ **JUNIOR WARDEN (D)** ☐ Change ☐ Addition
NAME **Ernest Allen Glidden Sr**
STREET ADDRESS **26801 N W 3RD AVE**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☒ **TREASURER (D)** ☐ Change ☐ Addition
NAME **Ralph Howard Lewis**
STREET ADDRESS **1931 N.W. 34TH Terr.**
CITY-ST-ZIP **Gainesville FL 32605-3642**

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

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:

Robert L Van Winkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)