

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

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

03-12-2003 90375 001 *1,837.50

DOCUMENT # C10248

1. Entity Name

**HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASONS OF
FLORIDA**



Principal Place of Business

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

Mailing Address

**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 **23-7526354**

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

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WMD** ☒ Delete
NAME **STEELE, GEORGE EUGENE**
STREET ADDRESS **23185. 104TH STREET**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **Donald Dean Mott**
STREET ADDRESS **23140 102ND PLACE**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **SD** ☒ Delete
NAME **OWEN, WILLIAM LESLIE SR.**
STREET ADDRESS **1426 DUVAL STREET N.E.**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Muri Roy Howell**
STREET ADDRESS **11288 235TH Drive**
CITY-ST-ZIP **Live Oak FL 32060**

TITLE **SWD** ☒ Delete
NAME **MOTT, DONALD DEAN**
STREET ADDRESS **23140. 102ND PLACE**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Famous Robert Brown**
STREET ADDRESS **20145 104th St.**
CITY-ST-ZIP **Live Oak FL 32060**

TITLE **JWD** ☒ Delete
NAME **HOWELL, MURL ROY**
STREET ADDRESS **11288/235TH DR**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **TREASURER** (D) ☐ Change ☒ Addition
NAME **Robert Frank Mach**
STREET ADDRESS **22925 104TH ST**
CITY-ST-ZIP **Live Oak FL 32060**

TITLE **TD** ☒ Delete
NAME **REWIS, JAMES EDWIN SR.**
STREET ADDRESS **740 DARROW AVE SE**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **SECRETARY** (D) ☐ Change ☒ Addition
NAME **Franklin Ervin Walker Jr**
STREET ADDRESS **11434 227 Place**
CITY-ST-ZIP **Live Oak, FL 32060**

TITLE ☐ Delete
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(8)(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 Dean Mott

3-4-03

385-658-1355

CR2E037 (10/02)