

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90567 001 *2,695.00

DOCUMENT # C10269

1. Entity Name

MICANOPY LODGE NO. 29 FREE AND ACCEPTED MASONS O

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	COLLIS, LEE C	
STREET ADDRESS	PO BOX 480	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	DENMARK, MICHAEL	
STREET ADDRESS	10408 S W 10TH TERR	
CITY-ST-ZIP	MICANOPY FL 32667-0460	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, JAMES L	
STREET ADDRESS	923 W ORANGE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOODARD, RUSSELL DANIEL	
STREET ADDRESS	P.O. BOX 237 N/A	
CITY-ST-ZIP	MICANOPY FL 32667-0237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James L McDonald	
STREET ADDRESS	923 W Orange	
CITY-ST-ZIP	Lake City Fl 32055	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis Whittington	
STREET ADDRESS	Rt 1 Box 872	
CITY-ST-ZIP	MICANOPY FL 32667-0460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cary Grant McCollum	
STREET ADDRESS	P O Box 328 N/A	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *[Signature]* Cary McCollum **2/26-00** **591-2026**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)