

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90219 001 ***490.00

DOCUMENT # C10269

1. Entity Name

MICANOPY LODGE NO. 29 FREE AND ACCEPTED
 MASONS OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
 220 OCEAN STREET
 JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD
 220 OCEAN STREET
 JACKSONVILLE FL 32202

73835

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY CONNOR SHEPPARD
 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.

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State!

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARY G. MC COLLUM
STREET ADDRESS	P O. BOX 328 N/A
CITY - ST - ZIP	MC INTOSH FL 32664
TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD DENMARK
STREET ADDRESS	9034 S.W. 75TH WAY
CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN DAVIS
STREET ADDRESS	7415 S.W. 135TH TERRACE
CITY - ST - ZIP	ARCHER FL 32618
TITLE	TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL D. WOODARD
STREET ADDRESS	P O BOX 237 N/A
CITY - ST - ZIP	MICANOPY FL 32667-0237
TITLE	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN C. MC COLLUM
STREET ADDRESS	P. O BOX 328 N/A
CITY - ST - ZIP	MC INTOSH FL 32664
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Benjamin C. McCollum, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01 Date

904-354-2339 Daytime Phone #