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

Mailing Address
ROY CONNOR SHEPPARD

220 OCEAN ST

3. Mailing Address

City & State

Zip

JACKSONVILLE FL 32202

Suite, Apt. #, etc.

DOCUMENT # C10269

1. Entity Name

220 OCEAN ST JACKSONVILLE FL 32202

Principal Place of Business

2. Principal Place of Business

the obligations of registered agent.

Suite, Apt. #, etc.

City & State

Zip

ROY CONNOR SHEPPARD

MICANOPY LODGE NO. 29 FREE AND ACCEPTED MASONS OF FLORIDA

Country



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

03-12-2003 90375 001 *1,837.50

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SHEPPARD, ROY CONNOR

220 OCEAN ST

JACKSONVILLE FL 32202

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. 1 am familiar with, and accept

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **WMD** WORSHIPFUL MASTER M Addition TITLE TITLE ☐ Change Delete i Di WALKUP, WILLIAM W James Robert Strange NAME NAME P O BOX ioi N/A STREET ADDRESS P O BOX 104 STREET ADDRESS \$ CITY-ST-7IP MC INTOSH FL 32664-0104 City-St-7IP MCINTOSH_FL_ 32664 Change Delete TITLE ■ Addition TITLE SENIOR WARDEN (D) MERRITT, KURT FOSTER NAME NAME Timothy Ray McKee 15510 SCR 325 STREET ADDRESS STREET ADDRESS PO BOX 454 CITY-ST-ZIP CITY-ST-ZIP CROSS CREEK FL 32640 McIntosh FL 32664 TD **X** Addition TITLE Delete TITLE Change HERRIN, MACK NAME NAME (D) JUNIOR WARDEN P O BOX 646 STREET ADDRESS STREET ADDRESS Hugh Daniel Rosser CITY-ST-ZIP MC INTOSH FL 32664 CITY-ST-ZIP PO-80X-357-*N/A* JWD Delete TITLE Change XX Addition McIntoin FL 32664 MCKEE, TIMOTHY RAY NAME NAME STREET ADDRESS P O BOX 454 N/A STREET ADDRESS TREASURER (D) CITY-ST-ZIP MCINTOSH FL 32664 CITY-ST-ZIP Russell Daniel Woodard TITLE ☐ Delete TITLE Po Box 237 Change ☐ Addition NAME NAME Miconory F1 32667-0237 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI E ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

EKVET E MERROT

SIGNATURE:

ML0 24 5 2003 3

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