

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90868 001 *2,082.50

DOCUMENT # C10276

1. Entity Name

**ELMER O. SMITH LODGE NO. 307 FREE AND ACCEPTED M
 ASONS OF FLORIDA**

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

23-7184984

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 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.

(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** ☒ Delete
 NAME **ROBINSON, DANNY HAYES**
 STREET ADDRESS **34185 CANAL DRIVE**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
 NAME **Carl Wayne Lewis**
 STREET ADDRESS **167 114th TERRACE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **SWD** ☒ Delete
 NAME **SMITH, GILBERT L**
 STREET ADDRESS **14029 COBRA WAY**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE **SENIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **Angel Luis Diaz**
 STREET ADDRESS **6641 MANGO AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **JWD** ☐ Delete
 NAME **WAYNE LEWIS, CARL**
 STREET ADDRESS **167 114TH TERRACE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **James Braden Reedy**
 STREET ADDRESS **4009 66TH AVE N**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **TD** ☒ Delete
 NAME **NEVEITT, JAMES DAVID**
 STREET ADDRESS **5801 63RD TERR N**
 CITY-ST-ZIP **PINELLAS PARK FL 34665**

TITLE **TREASURER** (D) ☐ Change ☒ Addition
 NAME **Ray Nello Rich**
 STREET ADDRESS **5270 87TH Ter N**
 CITY-ST-ZIP **Pinellas Park FL 33782**

TITLE **SD** ☐ Delete
 NAME **MARKOWITZ, ARTHUR CHESTER**
 STREET ADDRESS **5210 87TH AVE N**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

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(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: **Arthur C. Markowitz, Sec.**

MARCH 13, 2002 727-541-1365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)