

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90322 001 *1,531.25

DOCUMENT # C10290

1. Entity Name

**SUGARLAND LODGE NO. 281 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 **23-7526507**

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:

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent:

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

TITLE **JWD** ☒ Delete
NAME **REYES, TEODORO H**
STREET ADDRESS **224 DESOTO ROAD**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **SWD** ☒ Delete
NAME **ANKNEY, HOWARD T**
STREET ADDRESS **1192 RIVER BEND DR**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **TD** ☒ Delete
NAME **AKRIDGE, ALVIN**
STREET ADDRESS **614 SABAL AV**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **WMD** ☒ Delete
NAME **VEALE, DAVID JACKSON**
STREET ADDRESS **PO BOX 861 N/A**
CITY-ST-ZIP **CLEWISTON FL 33440-0861**

TITLE **SD** ☐ Delete
NAME **WILKINS, WAYNE L**
STREET ADDRESS **PO BOX 751**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Teodoro H Reyes**
STREET ADDRESS **224 Desoto Ave.**
CITY-ST-ZIP **Clewiston-FL 33440**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Richard Lee Clemmons**
STREET ADDRESS **135 Oak Dr**
CITY-ST-ZIP **Clewiston FL 33440**

TITLE **TREASURER** (D) ☒ Change ☐ Addition
NAME **David Jackson Veale**
STREET ADDRESS **PO Box 861 N/A**
CITY-ST-ZIP **Clewiston FL 33440-0861**

TITLE ☐ Change ☐ Addition
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: **WAYNE L WILKINS** 3-7-03 904-354-2339

CR2E037 (10/02)