

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90117 001 *1,408.75

0002560

DOCUMENT # C10292

1. Entity Name

**IMPERIAL POLK LODGE NO. 345 FREE AND ACCEPTED MA
 SONS 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

23-7526559

Applied For

Not Applicable

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 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 **RICE, DONALD R**
 STREET ADDRESS **1720 E MAIN STREET**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **WORSHIPFUL MASTER (D)** Change Addition
 NAME **David Alan May**
 STREET ADDRESS **6535 Crewlake Hills Loop**
 CITY-ST-ZIP **Lakeland FL 33813-3066**

TITLE **SWD** Delete
 NAME **LEGG, IAN J**
 STREET ADDRESS **240 PARKWOOD AVE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **SENIOR WARDEN (D)** Change Addition
 NAME **John Charles Becker**
 STREET ADDRESS **5916 Spring Lake Dr**
 CITY-ST-ZIP **Lakeland FL 33811**

TITLE **JWD** Delete
 NAME **RICE, JOE A**
 STREET ADDRESS **326 ECHO PINES WAY**
 CITY-ST-ZIP **LAKELAND FL 33813**

Change Addition

TITLE **SD** Delete
 NAME **REYNOLDS-MASTERS, JAMES**
 STREET ADDRESS **3901 GARNET CT**
 CITY-ST-ZIP **MULBERRY FL 33860**

Change Addition

TITLE **TD** Delete
 NAME **PERONTO, JOHN N**
 STREET ADDRESS **5112 LAKE MIRIAM CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33813**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: *James R Masters* **James R Masters** 3-19-02 863-425-5984

CR2E037 (9/01)