

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

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

03-27-2003 90323 001 *1,286.25

DOCUMENT # C10300



1. Entity Name

THOMAS A. MCQUEEN LODGE NO. 341 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

Mailing Address

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2538326**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
MCMILLAN, TRAVIS M
201 CO. HWY 147
LAUREL HILL FL 32567** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Travis Monroe McMillan
201 CO HWY 147
LAUREL HILL FL 32567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
HENDERSON, GARY A
P.O. BOX 1125
PAXTON FL 32538** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Gary Allen Henderson
2955 County Hwy 147W
Laurel Hill FL 32567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
LABIT, VINCENT P
RT. 2 BOX 216-A
LAUREL HILL FL 32567** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☐ Change ☒ Addition
James Glendon Adams
P.O. Box 1181 N/A
Paxton FL 32538**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DAVIS, DAVID N
238 LAKE DRIVE
LAUREL HILL FL 32567** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☐ Change ☒ Addition
Robert Allen Spear
41 BLUEBERRY ST
LAUREL HILL FL 32567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LOWERY, GARY LYNN
P O BOX 1247
PAXTON FL 32538-1247** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 or without other like empowered.

SIGNATURE

SIGNATURE REQUIRED

GARY LOWERY-3-103/850-834-6040

CR2E037 (10/02)