

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91003 001 *1,470.00

DOCUMENT # C10302

1. Entity Name

**COMMUNITY LODGE NO. 292 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 **23-7162137**

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 STREET
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 **WMD** ☒ Delete
NAME **SPIVEY, HARVEY H**
STREET ADDRESS **8401 DEXTER AVENUE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **SWD** ☒ Delete
NAME **CECIL MILLER, BILLY**
STREET ADDRESS **2207 N 35TH STREET**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **TD** ☐ Delete
NAME **ARNOLD GLISSON, HAROLD**
STREET ADDRESS **1403 W BURGER STREET**
CITY-ST-ZIP **TAMPA FL 33604-1109**

TITLE **SD** ☐ Delete
NAME **CORNELL RYON, RICHARD**
STREET ADDRESS **2504 CHAPEL WAY**
CITY-ST-ZIP **TAMPA FL 33618-4505**

TITLE **JWD** ☒ Delete
NAME **REGISTER, WESLEY R**
STREET ADDRESS **17001 MELBA LANE**
CITY-ST-ZIP **LUTZ FL 33549-9818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **Billy Cecil Miller**
STREET ADDRESS **2207 N. 35th St**
CITY-ST-ZIP **Tampa - FL 33605-4424**

TITLE **SENIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Robert Larry Herman**
STREET ADDRESS **4503 E 12TH AVE**
CITY-ST-ZIP **TAMPA FL 33605-4670**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Steven Curtis Whidden**
STREET ADDRESS **16401 Cypress Water-Way**
CITY-ST-ZIP **TAMPA FL 33624**

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

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: **Richard C. Ryon, Sec.**

Mar 10 '03 (813) 932-3365

CR2E037 (10/02)