# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 15, 2000 8:00 am**
**Secretary of State**
03-15-2000 90138 001 *8,207.50

DOCUMENT # C10304

1. Entity Name

CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST.<br>JACKSONVILLE FL 32202 | C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST.<br>JACKSONVILLE FL 32202-3218 |

DO NOT WRITE IN THIS SPACE

| 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 23-7181516 ☐ 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<br>200 OCEAN STREET<br>JACKSONVILLE FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 — DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JWD<br>PRETSCH, DONALD C<br>1050 N ATLANTIC AVE<br>COCO BEACH FL 32931 | ☒ Delete | JUNIOR WARDEN (D)<br>Rodger Sidney Fowler<br>P O Box 540371 N/A<br>Merritt Island FL 32954-0371 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>JACOBS, WALLACE B<br>850 MONTEGO BAY DR<br>MERRITT ISLAND FL 32953-3261 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | WMD<br>BREWER, RAYMOND L<br>489 SHERIDAN AVE<br>SATELLITE BEACH FL 32934 | ☒ Delete | WORSHIPFUL MASTER (D)<br>Roy Lee Greer<br>392 Harbor Dr<br>Cape Canaveral FL 32920 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SWD<br>GREER, ROY L<br>392 HARBOR DR<br>CAPE CANAVERAL FL 32920 | ☒ Delete | SENIOR WARDEN (D)<br>Donald Charles Pretsch<br>1050 N Atlantic Ave<br>Cocoa Beach FL 32931 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HALLENBORG, JOHN C<br>129 CHIPOLA RD<br>COCOA BEACH FL 32931-2603 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Roy L. Greer SIGNATURE REQUIRED Roy L. Greer, W.M. 2/25/00 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #