

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90244 001 *3,246.25

DOCUMENT # C10304

1. Entity Name

CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS

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

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
200 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
FOWLER, RODGER S
P.O. BOX 540371
MERRITT ISLAND FL 32954-0371** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Donald Charles Pretsch
1050 N Atlantic Ave #409
Cocoa Beach FL 32931** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JACOBS, WALLACE B
850 MONTEGO BAY DR
MERRITT ISLAND FL 32953-3261** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Rodger Sidney Fowler
P.O. Box 540371 **N/A**
Merritt Island FL 32954-0371** ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
GREER, ROY L
392 HARBOR DRIVE
CAPE CANAVERAL FL 32920** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Change ☐ Addition
Pete Nick Mageras
4780 Navaho Trl
Merritt Island FL 32953-7824** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
PRETSCH, DONALD C
1050 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HALLENBORG, JOHN C
120 CHIPOLA RD
COCOA BEACH FL 32931-2603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HALLENBORG, JOHN C
120 CHIPOLA RD
COCOA BEACH FL 32931-2603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HALLENBORG, JOHN C
120 CHIPOLA RD
COCOA BEACH FL 32931-2603** ☐ Delete

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120 CHIPOLA RD
COCOA BEACH FL 32931-2603** ☐ Delete

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: *Wallace B. Jacobs* **WALLACE B. JACOBS** **3-20-2001** **321-452-3708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)