

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90411 001 *1,653.75

DOCUMENT # C10304

1. Entity Name

**CANAVERAL LODGE NO. 339 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**

55017957



☐ CHECK HERE IF MAKING CHANGES

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

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

TITLE **WMD** ☒ Delete
NAME **FOWLER, RODGER S**
STREET ADDRESS **P.O. BOX 540371**
CITY-ST-ZIP **MERRITT ISLAND FL 32954-037**

TITLE **SENIOR WARDEN (D)** ☒ Addition
NAME **Joseph Peirce Davies**
STREET ADDRESS **P O BOX 321043**
CITY-ST-ZIP **N/A**

TITLE **SWD** ☒ Delete
NAME **MAGERAS, PETE N**
STREET ADDRESS **4780 NAVAHO TRL**
CITY-ST-ZIP **MERRITT ISLAND FL 32953-7824**

TITLE **COCOA BEACH FL 32932-1043** ☐ Change ☐ Addition
NAME **JUNIOR WARDEN (D)** ☒ Addition
STREET ADDRESS **Bruce Walter Laubenheimer Jr**
CITY-ST-ZIP **207-Via-De-La-Reina**

TITLE **TD** ☐ Delete
NAME **HALLENBORN, JOHN C**
STREET ADDRESS **129 CHIPOLA RD**
CITY-ST-ZIP **COCOA BEACH FL 32931-2803**

TITLE **Merritt Island FL 32953** ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **JWD** ☒ Delete
NAME **DAVIES, JOSEPH P**
STREET ADDRESS **PO BOX 321043**
CITY-ST-ZIP **COCOA BEACH FL 32932-1043**

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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: *Wallace B. Jacobs*

3/4/2003

321-452-3708

CR2E037 (10/02)