


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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90157 001 ***918.75

DOCUMENT # C10306

1. Entity Name
COMPOSITE LODGE NO. 293 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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7107162**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (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	<input checked="" type="checkbox"/> Delete
NAME	VALIDO, RALPH E SR	
STREET ADDRESS	6328 MACKENZIE ST	
CITY-ST-ZIP	ORLANDO FL 32807-4838	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, HARLEY N	
STREET ADDRESS	3307 CONWAY GARDENS RD	
CITY-ST-ZIP	ORLANDO FL 32806-6633	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, JESSE LEE	
STREET ADDRESS	4401 LORING PL	
CITY-ST-ZIP	ORLANDO FL 32812-1964	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, JAMES S	
STREET ADDRESS	2919 FORMOSA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804-3910	
TITLE	JED	<input checked="" type="checkbox"/> Delete
NAME	POLEN, HOWARD L	
STREET ADDRESS	1307 TANAGER DR	
CITY-ST-ZIP	ORLANDO FL 32803-2940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harley Neil Jordan	
STREET ADDRESS	3307 Conway Gardens Rd	
CITY-ST-ZIP	Orlando FL 32806-6633	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Lowery Polen	
STREET ADDRESS	1307 Tanager Dr	
CITY-ST-ZIP	Orlando FL 32803-2940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rex Clark Cain	
STREET ADDRESS	3812 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christian H Miller	
STREET ADDRESS	313 MERRIE OAKS RD	
CITY-ST-ZIP	WINTER PARK FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Phillip Allen	
STREET ADDRESS	8008 PLUNKETT AVE	
CITY-ST-ZIP	ORLANDO FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> 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: Christian H. Miller **REQUIRED** Christian H. Miller 4/22/03 904-354-2339

CR2E037 (10/02)