

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90117 001 *1,408.75

DOCUMENT # C10308

1. Entity Name

**BAY LODGE NO. 337 FREE AND ACCEPTED MASONS OF FL
 ORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

**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

23-7526548

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
 220 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	WMD	<input checked="" type="checkbox"/> Delete
NAME	RHODES, ROY WILSON	
STREET ADDRESS	1101 W 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	<input checked="" type="checkbox"/> SWD	<input type="checkbox"/> Delete
NAME	BAZZEL, ARTHUR T	
STREET ADDRESS	2801 AIRPORT DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	<input checked="" type="checkbox"/> JWD	<input type="checkbox"/> Delete
NAME	STOCKER, PAUL L	
STREET ADDRESS	P O BOX 1001	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Delete
NAME	BENNETT, ADDISON A	
STREET ADDRESS	4518 TROPICAL DR	
CITY-ST-ZIP	PANAMA CITY FL 32404-5201	
TITLE	<input checked="" type="checkbox"/> SD	<input type="checkbox"/> Delete
NAME	WINFREE, JOHN B	
STREET ADDRESS	4435 PINE TREE ROAD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Talmage Bazzel	
STREET ADDRESS	2804 AIRPORT DR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Byford Winfree Jr.	
STREET ADDRESS	4435 PINE TREE RD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Perry Wolfe	
STREET ADDRESS	5933 SHANNON CIRCLE	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Carlton Dukes	
STREET ADDRESS	2336 WASHINGTON ST	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Dukes, Sec.

3-11-2002 (850) 872-4370

Date

Daytime Phone #

CR2E037 (9/01)