

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2001 90244 001 *3,246.25

DOCUMENT # C10319

1. Entity Name

ENSLEY LODGE NO. 278 FREE AND ACCEPTED MASONS OF

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

37421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526504

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ST
 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: **JWD** ☒ Delete
 NAME: **COX, MICHAEL J**
 STREET ADDRESS: **340 LIMERICK LANE**
 CITY-ST-ZIP: **PENSACOLA FL 32514-1412**

TITLE: **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME: **Thomas Augusta Manning**
 STREET ADDRESS: **4349 Barclay Pl**
 CITY-ST-ZIP: **Pace FL 32571-2203**

TITLE: **SD** ☐ Delete
 NAME: **KRITZMIRE, EDWARD A**
 STREET ADDRESS: **5348 MELVIN DRIVE**
 CITY-ST-ZIP: **PACE FL 32571**

TITLE: **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME: **Michael Jerome Cox**
 STREET ADDRESS: **340 Limerick Ln**
 CITY-ST-ZIP: **Pensacola FL 32514-1412**

TITLE: **WMD** ☒ Delete
 NAME: **FAIRBANKS, JOEL K**
 STREET ADDRESS: **1269 TECUMSEH TR.**
 CITY-ST-ZIP: **PENSACOLA FL 32514**

TITLE: **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME: **James Thomas Chastain III**
 STREET ADDRESS: **10320 EDENDALE ROAD**
 CITY-ST-ZIP: **CANTONMENT FL 32533**

TITLE: **SWD** ☒ Delete
 NAME: **MANNING, THOMAS A**
 STREET ADDRESS: **4349 BARCLAY PL**
 CITY-ST-ZIP: **PACE FL 32571-2203**

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

TITLE: **TD** ☐ Delete
 NAME: **JOHNSON, TROY K**
 STREET ADDRESS: **P.O. BOX 215**
 CITY-ST-ZIP: **GONZALEZ FL 32560-0215**

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

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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: *Edward A. Krizmire*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Sec. 3-19-01* Daytime Phone #: *(850) 994-9743*

CR2E037 (10/00)