

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10329

1. Entity Name

NORTHWEST FLORIDA LODGE NO. 351 FREE AND ACCEPTE

Principal Place of Business

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US

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

23-7208204

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

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, CARLTON E	
STREET ADDRESS	6411 N PINE BARREN RD	
CITY-ST-ZIP	CENTURY FL 32535-2549	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	FREE, MARVIN LARRY	
STREET ADDRESS	6544 W. HWY. 4	
CITY-ST-ZIP	CENTURY FL 32535-2549	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	LEDKINS, ROBERT EDWARD	
STREET ADDRESS	5984 CRABTREE CHURCH RD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DARBY, WILLIAM THOMAS	
STREET ADDRESS	4350 GOBBLER RD	
CITY-ST-ZIP	CENTURY FL 32535-2133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. DIRECTORS IN 10

TITLE	JUNIOR WARDEN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin James Hollingsworth	
STREET ADDRESS	8300 NOKOMIS RD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	SENIOR WARDEN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlton Eugene Edwards	
STREET ADDRESS	6411 N. Pine Barren Rd.	
CITY-ST-ZIP	Century Fl 32535-2133	
TITLE	WORSHIPFUL MASTER	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Thomas Darby	
STREET ADDRESS	4350 Gobbler Rd	
CITY-ST-ZIP	Century Fl 32535-2133	
TITLE	TREASURER	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chadwick William Cook	
STREET ADDRESS	6800 NOKOMIS RD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	SECRETARY	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Edward Cook	
STREET ADDRESS	9641 Hwy. 97	
CITY-ST-ZIP	Century Fl 32535-2549	
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

William E. Cook, Sec.

2-29-00 904-354-2339

Date

Daytime Phone #

CR2E037 (9/99)