

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90322 001 *1,531.25

DOCUMENT # C10332

1. Entity Name

**FERRY PASS LODGE NO. 348 FREE AND ACCEPTED MASON
S 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7526561**

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 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 | WMD | <input checked="" type="checkbox"/> Delete |
| NAME | MARINI, MARTIN A | |
| STREET ADDRESS | 8907 BELLINGTON RD | |
| CITY-ST-ZIP | PENSACOLA FL 32534-3110 | |
| TITLE | SWD | <input checked="" type="checkbox"/> Delete |
| NAME | BAKER, JAMES G | |
| STREET ADDRESS | 9628 HUMMINGBIRD BLVD | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | |
| TITLE | JWD | <input checked="" type="checkbox"/> Delete |
| NAME | SHARPLESS, RICHARD G | |
| STREET ADDRESS | 1987 STALLION RD | |
| CITY-ST-ZIP | CANTONMENT FL 32533 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HORTON, FLOYD | |
| STREET ADDRESS | 5975 BARN DR | |
| CITY-ST-ZIP | PENSACOLA FL 32504-6345 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | POWELL, EARL A | |
| STREET ADDRESS | 106 CAMDEN ROAD | |
| CITY-ST-ZIP | PENSACOLA FL 32534 | |
| 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 | Richard Gene Sharpless | |
| STREET ADDRESS | 1987 Stallion Rd | |
| CITY-ST-ZIP | Cantonment FL 32533 | |
| TITLE | SENIOR WARDEN (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lloyd B Magruder III | |
| STREET ADDRESS | 812 N Witt Ln | |
| CITY-ST-ZIP | Cantonment FL 32533 | |
| TITLE | JUNIOR WARDEN (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Everett Payahouse | |
| STREET ADDRESS | 597 Bocage Rd | |
| CITY-ST-ZIP | Cantonment FL 32533 | |
| TITLE | SECRETARY (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Myron Charles Boice | |
| STREET ADDRESS | 2509 Winding Ln | |
| CITY-ST-ZIP | Pensacola FL 32514-3217 | |
| 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:

Myron C. Boice **MYRON C. BOICE** 3/12/03 850-478-9671

CR2E037 (10/02)