2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 027 ****61.25

DOCUMENT # C10343

1. Entity Name

POMPANO LODGE NO. 263 FREE AND ACCEPTED MASONS O F FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	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
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7526496 — 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 W 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 SWD NAME THOMPSON, THOMAS DEAN STREET ADDRESS 266 NW 90TH AVE CITY-ST-ZIP CORAL SPRINGS FL 33071-6913 ☐ Delete	TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition NAME Thomas Dean Thompson STREET ADDRESS 266 NW 90Th Ave CITY-ST-ZIP Coral Springs Fl 33071-6913
TITLE TD NAME CARLTON, J.D. STREET ADDRESS 380 S.E. 6TH COURT CITY-ST-ZIP POMPANO BEACH FL 33060 ☒ Delete	TITLE SENIOR WARDEN (D) ☒ ☐ Addition NAME Steven Guy Coschera STREET ADDRESS 900 S E 1ST ST # 16 CITY-ST-ZIP POMPANO FL 33060
TITLE JWD NAME COSHERD, STEVEN GUY STREET ADDRESS 900 SE 1ST ST #16 CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete	TITLE JUNIOR WARDEN (D) ☐ Change ☒ Addition NAME Richard Lowell Fannin STREET ADDRESS 900 NE 195th St. # 412 CITY-ST-ZIP N Miami Beach FL 33179
TITLE WMD NAME HAIRE III, JAMES E STREET ADDRESS 230 SE 5 CT CITY-ST-ZIP POMPANO BEACH FL 33060-8065 ☐ Delete	TITLE SECRETARY (D) ☒ Change ☐ Addition NAME James Edgar Haire III STREET ADDRESS 13106 157 Court N CITY-ST-ZIP Jupiter FL 33478
TITLE SD NAME WESLEY MALONE, GEORGE STREET ADDRESS 311 NE 8TH CT CITY-ST-ZIP POMPANO BEACH FL 33060-6246 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/01)

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: X SIGNATURE REQUIRED — 3/4/02 — (954) 755-0659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #