

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91003 001 \*1,470.00

**DOCUMENT # N01000003599**

1. Entity Name

**MOUNT MORIAH LODGE NO. 400, INC., FREE AND ACCEP  
TED MASONS OF FLORIDA**



Principal Place of Business  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US**

Mailing Address  
**C/O 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

4. FEI Number **58-3674018**

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 C  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>WMD<br/>ROE, MELVIN HOWARD<br/>1418 PINAR RD<br/>ORLANDO FL 32825-8208</b>             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SWD<br/>WILLIAMS, LESLIE RAYMOND<br/>10307 BROWNWOOD AVE<br/>ORLANDO FL 32825-6627</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JWD<br/>DORAN, THOMAS HENRY III<br/>221 CHARLES STREET<br/>WINTER SPRINGS FL 32708</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>LOTT, RALPH SIDNEY<br/>1649 CEDAR RIDGE DR<br/>ORLANDO FL 32828-5523</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>MCLAUGHLIN, MARCELLES V<br/>947 GUY RD<br/>ORLANDO FL 32828-5424</b>            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Leslie Raymond Williams<br>10307 Brownwood Ave.<br>Orlando FL 32825-6627 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Cornelius George Kruchten<br>2136 ROUSE LAKE RD<br>ORLANDO FL 32817          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Mark David Griffith<br>14546 GREEYDALE CIR<br>ORLANDO FL 32826               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Melvin Howard Roe<br>1418 Pinar Rd<br>Orlando FL 32825-8208                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Melvin Howard Roe **MELVIN HOWARD ROE 3/04/03 407-273-0906**

CR2E037 (10/02)