

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90201 009 \*\*\*\*61.25

**DOCUMENT # N02000001396**

1. Entity Name  
UNITY LODGE NO. 333, INC., FREE AND ACCEPTED  
MASONS OF FLORIDA



Principal Place of Business  
220 OCEAN ST.  
JACKSONVILLE, FL 32202

Mailing Address  
220 OCEAN ST.  
JACKSONVILLE, FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
04-3612523

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 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. 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

Filing Fee is \$61.25  
Due by May 1, 2004

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WMD  
HEASLEY, A. DEAN  
120 WEDGEWOOD LAKE SOUTH  
GREEN ACRES, FL 33463 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SWD  
SCHOOLEY, ROBERT SAMUEL  
2599 W. CARANDIS RD.  
WEST PALM BEACH, FL 33406 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JWD  
MCGREW, DAVID WAYNE  
850 HILL DR. APT. E  
WEST PALM BEACH, FL 33415 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SCHOOLEY, O. SAMUEL  
1915 LAUREL LN.  
WEST PALM BEACH, FL 33406745 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BECK, MICHAEL MURRAY  
123 LAKE SHORE BLVD.  
NORTH PALM BEACH, FL 33461 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Robert Samuel Schooley  
2599 W CARANDIS RD  
WEST PALM BEACH FL 33406-5108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SENIOR WARDEN (D) ☒ Addition  
David Wayne McGrew  
850 HILL DR APT E  
WEST PALM BEACH FL 33415-37

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JUNIOR WARDEN (D) ☒ Addition  
Billy Mason Taylor  
9343 Sandhurst Cir N  
Lake Worth FL 33463-5809 ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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: *X* *Robert Samuel Schooley* Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04 561-967-8645  
Date Daytime Phone #