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

## DOCUMENT # N9400001102

1. Entity Name

## FORT KING DAYLIGHT LODGE NO. 389, INC., FREE AND ACCEPTED MASONS OF FLORIDA



Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90410 001 \*\*\*980.00

**FILED** 

AGGETTED WAGGING OF TECHIDA				WE THE					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202				4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- −	CHECK HERE			
City & State		City & State							Applied For
Zip Country		Zip	Country	· <u> </u>	·	59-3145053			Vot Applicable
-					5. Certificate of S	Status Desired		\$8.75 A Fee Requi	
<del> ^ .</del>	6. Name and Address of Currer	t Registered Agent			7. Name and Ad	dress of New R	egistered	i Agent	
CHEDD	ADD DOV O		Name						
220 00	ARD, ROY C CEAN STREET		Street A	ddress (f	P.O. Box Number is Not Acceptable)				
JACKS	ONVILLE FL 32202				<del> </del>			<del></del> .	
		4	City	•	<del></del>	·	FI	Zip Co	
8. The above	re named entity submits this statement i ations of registered agent.	or the purpose of changing its	registered office or	registere	ed agent, or both, in	the State of Flor	rida. I am	familiar with	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  9. Elec			E: Registered Agent signatum mpaign Financing Contribution.		\$5.00 May Be Added to Fees			ck Payable	
10.	OFFICERS AND D	RECTORS	11.		DDITIONS/CHANG	ES TO OFFICER	C AND D	IDECTORS II	1140
TITLE NAME STREET ADORESS CITY-ST-ZIP	SD GRANT, MARK L JR 5400 SW 83RD PL OCALA FL 34476-3755	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOR Bee 170	SHIPFUL P kman Whit 3-A W GLE LA FL 344	MASTER Sney Plo ENEAGLES	(D) atner	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD HAZELWOOD, MICHAEL 6200 SE 46TH AVE RD OCALA FL 34480	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUN doЯ	HIOR WARD ert Earl	EN Dannem:	(D) an	? ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD, TERRY J P.O. BOX 1519 OCKLAWAHA FL 32179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 0c a	O NE 36ti iid FL 34	479	#47	nge	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SWD SINCLAIR, GEORGE L 205 N.E. 53RD STREET OCALA FL 34479	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			☐ Change	Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP	JWD PLATNER, BEEKMAN W 1703-A GLENEAGLES RD OCALA FL 34412-8454	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			· •	☐ Change	Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE: RESIGNATION OF THE STATE OF THE S