

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002536

1. Entity Name

THE MASONIC CHARITIES OF FLORIDA, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90207 014 \*\*\*\*70.00

Principal Place of Business

Mailing Address

220 OCEAN ST  
JACKSONVILLE FL 32202  
US

220 OCEAN STREET  
JACKSONVILLE FL 32202-3218

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

59-3271856

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY CONNER  
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 ☐ Delete  
NAME GD  
STREET ADDRESS DEAN, KEITH W  
CITY-ST-ZIP 2908 LAUREL STREET W  
TAMPA FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KING, LOUIS A  
CITY-ST-ZIP PO BOX 8 N/A  
TRILBY FL 33593-0008

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PHILLIPS, GLENN W II  
CITY-ST-ZIP P.O. BOX 1318 N/A  
UMATILLA FL 32784-1318

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

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS COUTURE, JACQUE A.  
CITY-ST-ZIP 6318 ANDREA BLVD  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS James A. Durham, Jr  
CITY-ST-ZIP P. O. Box 6 N/A  
Valparaiso, FL 32580-0006

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS CROWTHER, ROY J.  
CITY-ST-ZIP 1715 CHALLEN AVENUE  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS SHEPPARD, ROY CONNOR  
CITY-ST-ZIP 220 OCEAN ST  
JACKSONVILLE FL

TITLE ☐ Change ☐ 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:

*Roy Connor Sheppard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 354-2339

CR2E037 (9/99)