

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90069 033 ****61.25

DOCUMENT # N94000002536

1. Entity Name

THE MASONIC CHARITIES OF FLORIDA, INC.



Principal Place of Business

**220 OCEAN ST
JACKSONVILLE FL 32202
US**

Mailing Address

**220 OCEAN STREET
JACKSONVILLE FL 32202**

30045110

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNER
220 OCEAN STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **GIVENS, JOHN R**
STREET ADDRESS **1000 W 12TH COURT**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete
NAME **GONZALEZ JR, C EDWARD**
STREET ADDRESS **14834 SW 67TH LANE**
CITY-ST-ZIP **N MIAMI FL 33193**

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

TITLE **D** ☐ Delete
NAME **DURHAM, JAMES A JR**
STREET ADDRESS **PO BOX 6 N/A**
CITY-ST-ZIP **VALPARAISO FL 32580-0006**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **Junior Grand Warden (D)** ☒ Change ☐ Addition
NAME **Elmer G. Coffman**
STREET ADDRESS **2819 Navajo Road**
CITY-ST-ZIP **Orange Park, FL 32065-6817**

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

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

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:

Signature of Roy Connor Sheppard
Roy Connor Sheppard, Sec. 2/10/03 904-354-2339

CR2E037 (10/02)