

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90088 008 ****61.25

DOCUMENT # N94000004464

1. Entity Name

MIZPAH OF ORLANDO LODGE NO. 4, INC.

Principal Place of Business

Mailing Address

110 S PALMETTO AVENUE
 SANFORD FL 32771
 US

1530 BAVON DRIVE
 DELTONA FL 32725
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0203229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHILLINGFORD, ALBERT C.
1530 BAVON DRIVE
DELTONA FL 32725

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	T	<input type="checkbox"/> Delete
NAME	CHAMBERS, ROY	
STREET ADDRESS	3179 FOXWOOD DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR MORGAN	
STREET ADDRESS	6822 CADWELL LN	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCPHERSON, HECTOR	
STREET ADDRESS	738 WAYWOOD AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHILLINGFORD, ALBERT	
STREET ADDRESS	1530 BAVON DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	IG	<input checked="" type="checkbox"/> Delete
NAME	STEWART, WINSTON	
STREET ADDRESS	2689 HAWTHORNE LN	
CITY-ST-ZIP	KISSIMEE FL 34743	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOUET, DENNIS	
STREET ADDRESS	4451 OAKHAM CT	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	IG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A'S JORDAN, ERNEST	
STREET ADDRESS	1925 SECRETARIAT COURT	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, LENFORD	
STREET ADDRESS	110 S. PALMETTO AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Albert C. Shillingford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02

386-532-0146
 Daytime Phone #

CR2E037 (9/01)