

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000836

1. Entity Name

EASTERN STAR TEMPLE ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

35 PHELPS ST
JACKSONVILLE FL 32202

12320 MACAW DR
JACKSONVILLE FL 32223
US

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

59-2997116

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

RAMSDELL, EDNA D
12320 MACAW DRIVE
JACKSONVILLE FL 32223

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 PD ☒ Delete
NAME MYERS, DON
STREET ADDRESS 11454 WOODSONG LOOP S
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☒ Change ☐ Addition
NAME SHERMAN COLEMAN
STREET ADDRESS 8208 BARRACUDA RD
CITY-ST-ZIP JACKSONVILLE, FL 32244-1204

TITLE ST ☐ Delete
NAME RAMSDELL, EDNA
STREET ADDRESS 12320 MACAW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE VD ☒ Delete
NAME MYERS, ANNETTE
STREET ADDRESS 11454 WOODSONG LOOP SO
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VD ☒ Change ☐ Addition
NAME RICHARD WARKENTINE
STREET ADDRESS 10556 ROCKY GARDEN LN.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-02

2-19-02

(904) 268-5056

Date

Daytime Phone #

CR2E037 (9/01)