

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

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

03-12-2003 90376 001 *1,163.75

DOCUMENT # N98000007341

1. Entity Name

**I. N. MCNATT LODGE NO. 103, INC., FREE AND ACCEP
TED MASONS OF FLORIDA**



Principal Place of Business

**C/O ROY CONNOR SHEPPARD
220 N OCEAN STREET
JACKSONVILLE FL 32202**

Mailing Address

**C/O ROY CONNOR SHEPPARD
220 N OCEAN STREET
JACKSONVILLE FL 32202**

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 **59-1979470**

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

**SHEPPARD, ROY C
220 N 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jerry D. Goad, W.M.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 3, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	FRANSECA, RUDOLPH R	
STREET ADDRESS	PO BOX 1582	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	GOAD, JERRY D	
STREET ADDRESS	PO BOX 423	
CITY-ST-ZIP	HAWTHORNE FL 32640-0423	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, STEVE	
STREET ADDRESS	828 NE 51ST AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLINGTON, JEFF MCMEKIN JR	
STREET ADDRESS	PO BOX 128	
CITY-ST-ZIP	HAWTHORNE FL 32640-0128	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRICKLE, EDWARD L	
STREET ADDRESS	P O BOX 49	
CITY-ST-ZIP	LOCHLOOSA FL 32662	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry D Goad	
STREET ADDRESS	PO Box 423 M/A	
CITY-ST-ZIP	Hawthorne FL 32640-0423	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Mitchell	
STREET ADDRESS	828 N E 51st Ave	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Thomas Harris	
STREET ADDRESS	2195 NE 97TH ST RD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Jerry D. Goad, W.M.**

March 3, 2003 352-481-2117

CR2E037 (10/02)