FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -2 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10197 (7)

1. Corporation Name

PALM LODGE NO. 327 FREE AND ACCEPTED MASONS OF F LORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6139898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84 200001419942
-03/02/95--01109--001
14950.00=**130.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: R Cr Sheppard 2/6/95
Signature of, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	TIERNEY, MARTIN T	1.2 NAME	MARK GREGORY SAMRA
STREET ADDRESS	1164 SUMMIT TRAIL CIRCLE	1.3 STREET ADDRESS	1008 ARDMORE RD
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	VAN REETH, ROBERT A	2.2 NAME	ROBERT WAYNE WALKER
STREET ADDRESS	5813 BERMUDA CIR W	2.3 STREET ADDRESS	523 28TH ST
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407-5102
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	SAMRA, MARK G	3.2 NAME	IBRAHIM H. CHALHOUB
STREET ADDRESS	418 30TH ST	3.3 STREET ADDRESS	3012 GREENWOOD Ave.
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	CHALHOUB, IBRAHIM H	4.2 NAME	PAUL HENRY SNITKIN
STREET ADDRESS	3012 GREENWOOD AVE	4.3 STREET ADDRESS	353 PILGRIM RD
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405-3213
TITLE	T	5.1 TITLE	TREASURER/D
NAME	BARANOVICH, LUDWIG L	5.2 NAME	LUDWIG LOUIS BARANOVICH
STREET ADDRESS	218 SLEEPY HOLLOW DR	5.3 STREET ADDRESS	218 SLEEPY HOLLOW DR
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	W PALM BEACH FL 33415-3143
TITLE		6.1 TITLE	3/2/95 MLB
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark G. Samra 2-11-95 407-835-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000687