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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # C10197 (7)

1. Corporation Name

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

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 06/30/1992

4. FEI Number: 59-6139898 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] 2-13-98
Signature, typed or 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	SWD	☐ DELETE	1.1 TITLE: WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME	SNITKIN, DAVID M		1.2 NAME: David Mark Snitkin
STREET ADDRESS	5679 WALTHAM WAY		1.3 STREET ADDRESS: 12101 Tumbleweed Ct
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY-ST-ZIP: Wellington FL 33414-4829
TITLE	SD	☐ DELETE	2.1 TITLE: SECRETARY (D) ☒ ange ☐ Addition
NAME	WALKER, ROBERT W		2.2 NAME: Robert Wayne Walker
STREET ADDRESS	523 28TH ST.		2.3 STREET ADDRESS: 523 28Th St
CITY-ST-ZIP	WEST PALM BEACH FL 33407-5102		2.4 CITY-ST-ZIP: West Palm Beach Fl 33407-5102 Addition
TITLE	JWD	☐ DELETE	3.1 TITLE: SENIOR WARDEN (D) ☒
NAME	STRICKLEN, THOMAS A		3.2 NAME: Thomas Andrew Strickler
STREET ADDRESS	1117 S. BROADWAY ST		3.3 STREET ADDRESS: 1117 S. Broadway St
CITY-ST-ZIP	LANTANA FL 33462-4522		3.4 CITY-ST-ZIP: Lantana Fl 33462-4522 hange ☐ Addition
TITLE	WMD	☐ DELETE	4.1 TITLE: JUNIOR WARDEN (D) ☒
NAME	SNITKIN, PAUL H		4.2 NAME: Aulis R Kaukiainen
STREET ADDRESS	353 PILGRIM RD.		4.3 STREET ADDRESS: 812 Sky Pineway G3 ☐ Addition
CITY-ST-ZIP	WEST PALM BEACH FL 33405-3213		4.4 CITY-ST-ZIP: West Palm Beach Fl 33415-9021
TITLE	TD	☐ DELETE	5.1 TITLE: TREASURER (D) ☒
NAME	SNITKIN, MICHAEL A		5.2 NAME: Michael Allan Snitkin
STREET ADDRESS	2712 YALE LANE		5.3 STREET ADDRESS: 2712 Yale Lane Change ☐ Addition
CITY-ST-ZIP	BOYNTON BEACH FL 33426		5.4 CITY-ST-ZIP: Boynton Beach FL 33426
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E037 (10/97)

14. 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 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 added on an attachment with an address.

SIGNATURE: [signature] Robert W. Walker 4/20/98 352-8330044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # optional