


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10200** (9)

1. Corporation Name

**DEERFIELD BEACH LODGE NO. 325 FREE AND ACCEPTED  
MASONS OF FLORIDA**



Principal Place of Business	Mailing Address
<b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US</b>	<b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3219 US</b>

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>05/30/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>23-7156070</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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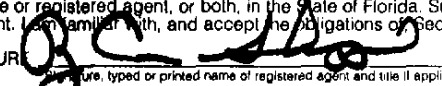
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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  DATE **2-3-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>TERENCE BLACK</b>
CITY-ST-ZIP	<b>4020 GALT OCEAN DR FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>KHALED M. SUKKAR</b>
CITY-ST-ZIP	<b>3627 COCOPLUM TERRACE COCONUT CREEK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>COSTANTINO A. COLOMBO</b>
CITY-ST-ZIP	<b>2700 NE 48TH CT LIGHTHOUSE POINT FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T</b>
STREET ADDRESS	<b>DAVID SPENCER ARCHER</b>
CITY-ST-ZIP	<b>2281 SW 15TH STREET, #141 DEERFIELD BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S</b>
STREET ADDRESS	<b>DAVID WESLEY MERRILL SR.</b>
CITY-ST-ZIP	<b>1444 S. FEDERAL HWY DEERFIELD BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>WORSHIPFUL MASTER D</b>
1.2 NAME	<b>Khaled M Sukkar</b>
1.3 STREET ADDRESS	<b>3627 Cocoplum Terrace</b>
1.4 CITY-ST-ZIP	<b>Coconut Creek FL 33063</b>
2.1 TITLE	<b>SENIOR WARDEN D</b>
2.2 NAME	<b>Dick Alton Lee</b>
2.3 STREET ADDRESS	<b>7100 Lox Rd</b>
2.4 CITY-ST-ZIP	<b>Pompano Beach FL 33067</b>
3.1 TITLE	<b>JUNIOR WARDEN D</b>
3.2 NAME	<b>Costantino A Colombo</b>
3.3 STREET ADDRESS	<b>2700 NE 48TH CT</b>
3.4 CITY-ST-ZIP	<b>Lighthouse Point Fl 33064-7933</b>
4.1 TITLE	<b>TREASURER D</b>
4.2 NAME	<b>David Spencer Archer</b>
4.3 STREET ADDRESS	<b>2281 SW 15th St #141</b>
4.4 CITY-ST-ZIP	<b>Deerfield Beach Fl 33442-7544</b>
5.1 TITLE	<b>SECRETARY D</b>
5.2 NAME	<b>William W Nelson</b>
5.3 STREET ADDRESS	<b>Farnham @ 343 Ave</b>
5.4 CITY-ST-ZIP	<b>Deerfield Beach Fl 33442-2984</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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**-06/03/97--01091--001**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(b), 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 file 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.

1996/12/27

954-427-4045