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AND  
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1998 MAR 25 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US**

**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US**

3. Date Incorporated or Qualified

**06/30/1992**

4. FEI Number

**23-7156070**

Applied For  
Not Applicable

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

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

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**900002469629-7  
-03/26/98-01084-001  
\*\*\*5083.75 FL 03/26/98**

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 typed or printed name of registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-13-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEE, DICK A</b>	
STREET ADDRESS	<b>7100 LOX RD</b>	
CITY-ST-ZIP	<b>POMPAHO BEACH FL 33087</b>	
TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>KHALED M. SUKKAR</b>	
STREET ADDRESS	<b>3627 COCOPLUM TERRACE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>COSTANTINO A. COLOMBO</b>	
STREET ADDRESS	<b>2700 NE 48TH CT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVID SPENCER ARCHER</b>	
STREET ADDRESS	<b>2281 SW 15TH STREET, #141</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, WILLIAM W</b>	
STREET ADDRESS	<b>FARNHAM Q 343 CVE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442-2984</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D) X</b>	Change <input type="checkbox"/> Addition
1.2 NAME	<b>Dick Alton Lee</b>	
1.3 STREET ADDRESS	<b>3687 NW 73rd Terrace</b>	
1.4 CITY-ST-ZIP	<b>Coral Springs FL 33065</b>	Change <input type="checkbox"/> Addition
2.1 TITLE	<b>SECRETARY (D) X</b>	
2.2 NAME	<b>Steven Michael Pollack</b>	
2.3 STREET ADDRESS	<b>9657 Trivolo Pl</b>	
2.4 CITY-ST-ZIP	<b>Boca Raton FL 33434-5628</b>	<input type="checkbox"/> Addition
3.1 TITLE	<b>SENIOR WARDEN (D) X</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 33064-7</b>	<input type="checkbox"/> Addition
4.1 TITLE	<b>JUNIOR WARDEN (D) X</b>	
4.2 NAME	<b>Steven Rubin</b>	
4.3 STREET ADDRESS	<b>1651 Riverwood Lane</b>	<input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	<b>Coral Springs FL 33071-6038</b>	
5.1 TITLE	<b>TREASURER (D) X</b>	
5.2 NAME	<b>David Spencer Archer</b>	
5.3 STREET ADDRESS	<b>2281 SW 15th St #141</b>	<input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	<b>Deerfield Beach FL 33442-7544</b>	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE:

*[Signature]*

*[Signature]* (994) 421-5121

CR2E037 (10/97)