


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90293 017 ****61.25

DOCUMENT # C10244

1. Entity Name
 CORAL SPRINGS LODGE NO. 373 FREE AND ACCEPTED MASONS OF FLORIDA



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

Mailing Address
 ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE, FL 32202 US

50050884



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
 51-0142960

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHEPPARD, ROY CONNOR
 220 OCEAN ST
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, MIGUEL G.		NAME	Harry Kienzle	
STREET ADDRESS	8630 NW 29TH ST		STREET ADDRESS	5408 Jefferson St	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Hollywood FL 33021-7122	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JOHN K		NAME	Ira F Markowitz	
STREET ADDRESS	171 DEER CREEK BLVD, #702		STREET ADDRESS	3401 Pine Walk Dr N	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Margate FL 33063-7803	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIENZLE, HARRY		NAME	Marc Jason Richardson	
STREET ADDRESS	5408 JEFFERSON ST.		STREET ADDRESS	7859 NW 50th St	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Lauderhill FL 33351-5735	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Addition
NAME	BERKMAN, SHELDON L		NAME	Lawrence Warren KUNSEN	
STREET ADDRESS	521 RIVERSIDE DR		STREET ADDRESS	9401 NW 42nd St	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Coral Springs FL 33065-1541	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] [Signature] 4/1/05 954-759-8229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #