


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90169 050 \*\*\*\*61.25

<b>DOCUMENT # C10244</b>					
<b>1. Entity Name</b> CORAL SPRINGS LODGE NO. 373 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		<b>Mailing Address</b> ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092007 Chg-NP CR2E037 (12/06)	
				<b>4. FEI Number</b> 51-0142960	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<del>GRAND MASTER</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARKOWITZ, IRA	NAME	Sheldon Lee Berkman		
STREET ADDRESS	3401 PINE WALK DR N	STREET ADDRESS	521 N Riverside Dr #606		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33063	CITY-ST-ZIP	Pompano Beach FL 33062-4725		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RICHARDSON, MARC J JW	NAME	Anthony James Bayer		
STREET ADDRESS	7859 NW 50 STREET	STREET ADDRESS	4320 Sea Grape Dr #1		
CITY-ST-ZIP	LAUDERHILL, FL 333515735	CITY-ST-ZIP	Lauderdale ByThe Sea FL 33308-5049		
TITLE	S <input type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUNKEN, LAWRENCE W	NAME	Howard Shtulman		
STREET ADDRESS	9401 NW 42 STREET	STREET ADDRESS	5644 NW 66th Ave		
CITY-ST-ZIP	CORAL SPRINGS, FL 330651541	CITY-ST-ZIP	Coral Springs FL 33067-2754		
TITLE	DJW <input checked="" type="checkbox"/> Delete	TITLE	<del>WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHTULMAN, HOWARD	NAME	Charles Andrew Fischer		
STREET ADDRESS	5644 NMW 66 AVE	STREET ADDRESS	9900 W Sample Rd #300		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33067	CITY-ST-ZIP	Coral Springs FL 33065-4077		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.</b>					
SIGNATURE: <i>L. Kunken</i>		L. KUNKEN Sec.		3/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	