04151999-90111-001-$5,390.00-$61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90111 001 *5,390.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007339

1. Corporation Name

BOCA-DELRAY LODGE NO. 171, INC., FREE AND ACCEPT ED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE FL 32202

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

3. Date Incorporated or Qualified: 12/23/1998

4. FEI Number: 65 076 1478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY C
220 N 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 N/A (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: WORSHIPFUL MASTER (D) ☒ Change ☐ Addition 1.2 NAME: Arthur Ray Stewart 1.3 STREET ADDRESS: 899 SW 10Th Ave 1.4 CITY-ST-ZIP: Boca Raton Fl 33486-5469	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: SENIOR WARDEN (D) ☒ Change ☐ Addition 2.2 NAME: Arthur Dubin 2.3 STREET ADDRESS: 6401 Pumpkin Seed Cir 2.4 CITY-ST-ZIP: Boca Raton Fl 33433-5176	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: JUNIOR WARDEN (D) ☒ Change ☐ Addition 3.2 NAME: Steven Arnold Sagal 3.3 STREET ADDRESS: 8299 Cassia Terrace 3.4 CITY-ST-ZIP: Tamarac Fl 33321-1701	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: TREASURER (D) ☒ Change ☐ Addition 4.2 NAME: Peter James Snyder 4.3 STREET ADDRESS: 4300 NW 25th Way 4.4 CITY-ST-ZIP: Boca Raton FL 33434	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: SECRETARY (D) ☒ Change ☐ Addition 5.2 NAME: Israel Stavis 5.3 STREET ADDRESS: 12 Isle of Capri A 5.4 CITY-ST-ZIP: Delray Beach Fl 33484-7902	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE: (D) Change ☐ Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X Israel Stavis SIGNATURE REQUIRED — 03-03-99 — 561 498 3985

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

ISRAEL STAVIS, Secretary