2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000007339

1. Entity Name BOCA-DELRAY LODGE NO. 171, INC., FREE AND



FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90201 031 ****61.25

| ACCEPTED MASONS OF FLORIDA | | | | |
|---|--|--|--|--|
| Principal Place of Business C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202 | | Mailing Address C/O ROY CONNOR SHEF 220 N OCEAN STREET JACKSONVILLE, FL 322 | | . LEBENNEN BEE VENDE I BING EENSK EERST EENST EERST I BERN I BEBE JOEF HEIDE IN IN IN 1818 EN 1818 - |
| 2. Principal Place of Business 3 | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03172004 Chg-NP CR2E037 (10/03) |
| City & Stat | е | City & State | | 4. FEI Number Applied For 65-0761478 Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| SHEPPAR | D. ROY C | | Name | |
| 220 N OC | EAN STREET TO THE STREET TO TH | · | Street Add | dress (P.O. Box Number is Not Acceptable) |
| •• | | | City | FL Zip Code |
| | enamed entity submits this statement for tions of registered agent. | the purpose of changing its | registered office or re | egistered agent, or both, in the State of Florida. I am familiar with, and accept |
| n | V | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent signature | required when reinstaling) DATE |
| - , . | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Carr Trust Fund C | npaign Financing Contribution. | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10. | OFFICERS AND DIF | | 11, | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WMD BAYER, BRANT C 2020 NE 31ST CT. LIGHTHOUSE POINT, FL 33064 | , ▼ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | WORSHIPFUL MASTER (D) ★ hange Addition Ohristopher Gale Gilbert 1544 SW 23rd Terr |
| TITLE | SD | □ Delete | TITLE | DEERFIELD BEACH FL 33442-7522 |
| NAME STREET ADDRESS CITY-ST-ZIP | SCHEIB, JEROME E 1588 NW 9TH ST. BOCA RATON, FL 334862007 | | NAME STREET ADDRESS CITY-ST-ZIP | David Lerner 2600 FIORE WAY #101 |
| -TITLE | -TD | Delete | == TITLE - S | DELRAY BEACH FL 33445-4523 - Fl Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | STEINBERG, SEYMOUR 14476 AMBERLY LN. DELRAY BEACH, FL 33446 | | NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) X David M Haycock 3840 MAJESTIC PALM WAY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SWD GILBERT, CHRISTOPHER G 117 LOCK ROAD #2 DEERFIELD BEACH, FL 33402 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELRAY BEACH FL 33445-3511° Addition TREASURER (D) Donald Leon Capron Jr 474 NE 3 ST |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JWD LERNER, DAVID 2600 FIORE WAY #101 DELRAY BEACH, FL 33445 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Boca Raton FL 33432-4026 Change □ Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addition |

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR