

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10047** (4)

1. Corporation Name

**NOR-MI LODGE NO. 253 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business

Mailing Address

C/O WILLIAM G. WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202

C/O WILLIAM G. WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**  
Suite, Apt. #, etc.

26 **ROY CONNOR SHEPPARD**  
Suite, Apt. #, etc.

4. FEI Number

**59-0255597**

Applied For

Not Applicable

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

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)

**800001786418**

83

**04/02/96--01061--001**

84

City

**\*\*\*5083.75**

**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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/16/96**

12. OFFICERS AND DIRECTORS

TITLE **WMD** ☐ DELETE  
NAME **RAJCHEL, ALAN F**  
STREET ADDRESS **350 N. 69TH WAY**  
CITY-ST-ZIP **HOLLYWOOD FL 33024-7440**

TITLE **SWD** ☐ DELETE  
NAME **SLACK, PHILIP A**  
STREET ADDRESS **18831 N.W. 2ND ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029-3270**

TITLE **JWD** ☐ DELETE  
NAME **NEWTON, DANIEL R**  
STREET ADDRESS **10255 N.W. 16TH AVE**  
CITY-ST-ZIP **NORTH MIAMI FL 33167-2839**

TITLE **TD** ☐ DELETE  
NAME **GOMEZ, GLENN G**  
STREET ADDRESS **430 N.W. 200TH AVE.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029-3354**

TITLE **SD** ☐ DELETE  
NAME **HEDDEN, JAMES E**  
STREET ADDRESS **20325 NE 13TH CT**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179-5129**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

**WORSHIPFUL MASTER (D)**  
**PHILIP ANDREW SLACK**  
**18831 N.W. 2ND ST**  
**PEMBROKE PINES FL 33029-3278**

**SENIOR WARDEN (D)**  
**DANIEL RICHARD NEWTON**  
**12055 N.W. 16TH AVE.**  
**N. MIAMI FL 33167-2839**

**JUNIOR WARDEN (D)**  
**ANDY LEE HOPPER JR**  
**14836 NE 2ND AVE**  
**MIAMI FL 33161-2008**

**TREASURER (D)**  
**GLENN GEORGE GOMEZ**  
**430 N.W. 200TH AVE.**  
**PEMBROKE PINES FL 33029-3354**

**SECRETARY (D)**  
**JAMES EDWARD HEDDEN**  
**20325 NE 13TH CT**  
**N. MIAMI BEACH FL 33179-5129**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for a reduced filing fee. I also 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Philip A Slack W.M. 3-7-96 954-492-5198**

CR2E037 (12/95)

4-2-1996