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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/02/1996**
4. FEI Number **59-0255597** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 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 *[Signature]* DATE **2-3-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **WMD**
STREET ADDRESS **SLACK, PHILIP A**
CITY-ST-ZIP **18831 N. W. 2ND ST.**
PEMBROKE FL 33029-3278
TITLE ☐ DELETE
NAME **SWD**
STREET ADDRESS **NEWTON, DANIEL R**
CITY-ST-ZIP **12055 N.W. 16TH AVE.**
N. MIAMI FL 33167-2839
TITLE ☐ DELETE
NAME **JWD**
STREET ADDRESS **HOPPER, ANDY L**
CITY-ST-ZIP **14836 NE 2ND AVE.**
MIAMI FL 33161-2008
TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **GOMEZ, GLENN G**
CITY-ST-ZIP **430 N.W. 200TH AVE.**
PEMBROKE PINES FL 33029-3354
TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **HEDDEN, JAMES E**
CITY-ST-ZIP **20325 NE 13TH CT**
NORTH MIAMI BEACH FL 33179-5129
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **WORSHIPFUL MASTER D**
1.2 NAME **Daniel Richard Newton**
1.3 STREET ADDRESS **12055 NW 16TH AVE**
1.4 CITY-ST-ZIP **N. Miami FL 33167-2839**
2.1 TITLE **SENIOR WARDEN D**
2.2 NAME **Andy Lee Hopper Jr**
2.3 STREET ADDRESS **14836 NE 2ND AVE**
2.4 CITY-ST-ZIP **Miami FL 33161-2008**
3.1 TITLE **JUNIOR WARDEN D**
3.2 NAME **George Jay Gould**
3.3 STREET ADDRESS **2021 NW 109TH AVE**
3.4 CITY-ST-ZIP **Pembroke Pines FL 33026-2246**
4.1 TITLE **TREASURER D**
4.2 NAME **Glenn George Gomez**
4.3 STREET ADDRESS **430 N.W. 200TH AVE.**
4.4 CITY-ST-ZIP **Pembroke Pines FL 33029-3354**
5.1 TITLE **SECRETARY D**
5.2 NAME **James Edward Hedden**
5.3 STREET ADDRESS **20325 NE 13TH CT**
5.4 CITY-ST-ZIP **N. Miami Beach FL 33179-5129**
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* **2-11-97** **305/625 7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8004366

UNFILED 1/9/96