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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202**



3. Date Incorporated or Qualified

**06/30/1992**

4. FEI Number

**59-0255597**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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)

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**WMD  
SLACK, PHILIP A  
18831 N. W. 2ND ST.  
PEMBROKE FL 33029-3278**

TITLE NAME ☐ DELETE

**SWD  
NEWTON, DANIEL R  
12055 N.W. 16TH AVE.  
N. MIAMI FL**

TITLE NAME ☐ DELETE

**JWD  
HOPPER, ANDY L JR  
14836 NE 2ND AVE.  
MIAMI FL**

TITLE NAME ☐ DELETE

**TD  
GOMEZ, GLENN G  
430 N.W. 200TH AVE.  
PEMBROKE PINES FL**

TITLE NAME ☐ DELETE

**SD  
HEDDEN, JAMES E  
20325 NE 13TH CT  
NORTH MIAMI BEACH FL**

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. WORSHIPFUL MASTER (D) AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☒ Change ☐ Addition

**Andy Lee Hopper Jr  
14836 NE 2ND AVE  
Miami FL 33161-2008**

1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME ☒ Change ☐ Addition

**SECRETARY  
James Edward Hedden  
20325 NE 13TH CT  
N. Miami Beach FL 33179-5129**

3.1 TITLE 3.2 NAME ☒ Change ☐ Addition

**SENIOR WARDEN  
George Jay Gould  
2021 NW 109TH AVE  
Pembroke Pines FL 33026-224**

4.1 TITLE 4.2 NAME ☒ Change ☐ Addition

**JUNIOR WARDEN  
Thomas David Allen  
942 North 32ND AVE  
Hollywood FL 33021**

5.1 TITLE 5.2 NAME ☒ Change ☐ Addition

**TREASURER  
Glenn George Gomez  
430 N.W. 200TH AVE.  
Pembroke Pines FL 33029-3354**

6.1 TITLE 6.2 NAME ☐ Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Andy L. Hopper, Jr.*

9-2-98 354-2339

CR2E037 (10/97)