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Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90111 001 \*5,390.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # C10047

1. Corporation Name

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

Principal Place of Business

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/30/1992

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

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

N/A

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D ALLEN, THOMAS D  
942 N 32ND AVE  
HOLLYWOOD FL 33021

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GOULD, GEORGE J  
2021 NW 109TH AVE  
PEMBROKE PINES FL 33026

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HOPPER, ANDY L JR  
14836 NE 2ND AVE.  
MIAMI FL 33161-2008

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD HEDDEN, JAMES E  
20325 NE 13TH CT  
NORTH MIAMI BEACH FL 33179-5129

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D) X  
Edmund Griffith Jackson Jr  
2031 SW 67TH Ave  
Miramar FL 33023-2742

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

SENIOR WARDEN (D) X  
Walter Stanley Richardson  
6530 Hayes St  
Hollywood FL 33024

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

JUNIOR WARDEN (D) X  
William Michael Barlow  
7050 SW 10th Ct  
Pembroke Pines FL 33014

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 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, with all other like empowered.

SIGNATURE:

*James E Hedden* 3/5/99 305 651 0456  
SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)