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**FILED**  
**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	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, THOMAS D	
STREET ADDRESS	942 N 32ND AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOULD, GEORGE J	
STREET ADDRESS	2021 NW 109TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOPPER, ANDY L JR	
STREET ADDRESS	14836 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33161-2008	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOMEZ, GLENN G	
STREET ADDRESS	430 N.W. 200TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEDDEN, JAMES E	
STREET ADDRESS	20325 NE 13TH CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179-5129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/>	<input type="checkbox"/> Addition
1.2 NAME	Edmund Griffith Jackson Jr	
1.3 STREET ADDRESS	2031 SW 67th Ave	
1.4 CITY-ST-ZIP	Miramar FL 33023-2742	
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/>	<input type="checkbox"/> Addition
2.2 NAME	Walter Stanley Richardson	
2.3 STREET ADDRESS	6530 Hayes St	
2.4 CITY-ST-ZIP	Hollywood FL 33024	
3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/>	<input type="checkbox"/> Addition
3.2 NAME	William Michael Barlow	
3.3 STREET ADDRESS	7050 SW 10th Ct	
3.4 CITY-ST-ZIP	Pembroke Pines FL 33014	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)