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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10062

1. Corporation Name
BOYNTON LODGE NO. 236 FREE AND ACCEPTED MASONS O F FLORIDA

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1980138
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 _____ DATE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <u>SW</u>	<input type="checkbox"/> DELETE
NAME <u>✓</u>	D HERNANDEZ, ROY C III
STREET ADDRESS	1620 16TH LANE
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D AARON, KENNETH JAY
STREET ADDRESS	1002 SW 24TH AVE
CITY-ST-ZIP	BOYNTON BCH FL 33426
TITLE <u>WH</u>	<input type="checkbox"/> DELETE
NAME	D MANGOLD, THOMAS CLYDE
STREET ADDRESS	668 MARINERS WAY
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE <u>SEC</u>	<input type="checkbox"/> DELETE
NAME	SD PIERCE, LAURENCE R
STREET ADDRESS	121 NE 17TH ST
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PHILPOTT, RICHARD EDWARD
STREET ADDRESS	1361 SW 27TH AVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JUNIOR WARDEN (D) X <input type="checkbox"/> Addition
1.2 NAME	JAMES HOWARD BUSSEY
1.3 STREET ADDRESS	2404 MAPLEWOOD DR
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415
2.1 TITLE	TREASURER (D) X <input type="checkbox"/> Addition
2.2 NAME	Charles Marshall Field
2.3 STREET ADDRESS	1300 S W 19TH ST
2.4 CITY-ST-ZIP	BOCA RATON FL 33486 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: X **SIGNATURE REQUIRED** Laurence R Pierce Secy **3-2-99** **561-226-5195**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/198)