

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90235 001 \*4,602.50

**DOCUMENT # C10062**

1. Entity Name

**BOYNTON LODGE NO. 236 FREE AND ACCEPTED MASONS O**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE FL 32202**

**C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE FL 32202**

38841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1980138**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
 220 OCEAN STREET  
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SWD**  Delete  
 NAME: **BUSSEY, JAMES H**  
 STREET ADDRESS: **2404 MAPLEWOOD DRIVE**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33415**

TITLE: **WORSHIPFUL MASTER (D)**  Change  Addition  
 NAME: **Kevin Patrick Sweeney**  
 STREET ADDRESS: **61300 BIRCH TREE TERRACE**  
 CITY-ST-ZIP: **LANTANA FL 33467**

TITLE: **JWD**  Delete  
 NAME: **SWEENEY, KEVIN P**  
 STREET ADDRESS: **61300 BIRCH TREE TERRACE**  
 CITY-ST-ZIP: **LANTANA FL 33467**

TITLE: **SENIOR WARDEN (D)**  Change  Addition  
 NAME: **Terry Don McClain**  
 STREET ADDRESS: **708 S W-18TH ST**  
 CITY-ST-ZIP: **BOYNTON BEACH FL 33426**

TITLE: **WMD**  Delete  
 NAME: **HERNANDEZ, ROY C III**  
 STREET ADDRESS: **1620 16TH LANE**  
 CITY-ST-ZIP: **LAKE WORTH FL 33463**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **SD**  Delete  
 NAME: **FRIEND, ANDERS J**  
 STREET ADDRESS: **3875 SOUTH LAKE DRIVE**  
 CITY-ST-ZIP: **BOYNTON BEACH FL 33435-8543**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **TD**  Delete  
 NAME: **DOLINS, EDWARD H**  
 STREET ADDRESS: **2723 QUAKING LEAF LANE**  
 CITY-ST-ZIP: **BOYNTON BEACH FL 33426**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anders J. Friend*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.  
 3-23-01 (561) 734-5836  
 Date Daytime Phone #

CR2E037 (10/00)