

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90106 001 ***551.25

DOCUMENT # **C10062**

1. Entity Name

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

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1980138

Applied For

Not Applicable

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: **MCCLAIN, TERRY D**
 STREET ADDRESS: **708 SW 18TH ST**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33426**

TITLE: **WORSHIPFUL MASTER (D)** Change Addition
 NAME: **Gary Joseph Dolini**
 STREET ADDRESS: **2952 VIA VELLARIA ST**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33461**

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

TITLE: **SENIOR WARDEN (D)** Change Addition
 NAME: **Charles Marshall Field**
 STREET ADDRESS: **1300 S W 19TH St**
 CITY-ST-ZIP: **Boca Raton FL 33486**

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

TITLE: **JUNIOR WARDEN (D)** Change Addition
 NAME: **Michael Wade Morrow**
 STREET ADDRESS: **405 S 18TH PLACE**
 CITY-ST-ZIP: **LANTANA FL 33462**

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

TITLE: **TREASURER (D)** Change Addition
 NAME: **John Jellison**
 STREET ADDRESS: **5374 214TH COURT SOUTH**
 CITY-ST-ZIP: **BOCA RATON FL 33486**

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

TITLE: **SECRETARY (D)** Change Addition
 NAME: **Anders James Friend**
 STREET ADDRESS: **3875 S Lake Dr**
 CITY-ST-ZIP: **Boynton Beach FL 33435-8543**

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

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

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. **Anders J. Friend, Sec.**

SIGNATURE: *X Anders J. Friend*

4-15-02

904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #