
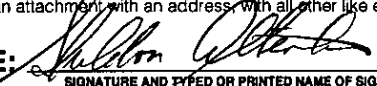


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90159 043 ****61.25

DOCUMENT # C10062					
1. Entity Name BOYNTON LODGE NO. 236 FREE AND ACCEPTED MASONS OF 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			
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 <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	Worshipful Master (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, CHUCK M		NAME	Geoffrey Shank	
STREET ADDRESS	240 W CORAL TREE CIR		STREET ADDRESS	1563 S. Club Drive	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Wellington, FL 33414-1080	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANK, GEOFFREY T		NAME	David F. Curtis	
STREET ADDRESS	1563 S CLUB DR		STREET ADDRESS	1299 W. Palmetto Park Rd.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Junior Warden (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS, DAVID F		NAME	Kevin P. Sweeney	
STREET ADDRESS	1299 W PALMETTO PARK RD		STREET ADDRESS	6130 Birch Tree Terrace	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Lake Worth, FL 33469	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Secretary (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JELILIAN, JOHN		NAME	Sheldon S. Altenhaus	
STREET ADDRESS	5374 214TH COURT SOUTH		STREET ADDRESS	2701 Quantum Blvd.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boynton Beach, FL 33426-8616	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, ANDERS J		NAME		
STREET ADDRESS	2701 QUANTUM BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: 		Sheldon ALTENHAUS		4/26/04 561 740 7674	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	