

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90142 035 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03182005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
 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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	SHANK, GEOFFREY	
STREET ADDRESS	1563 S. CLUB DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 334141080	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, DAVID F	
STREET ADDRESS	1299 W. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, KEVIN P	
STREET ADDRESS	6130 BIRCH TREE TERRACE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JELILIAN, JOHN	
STREET ADDRESS	5374 214TH COURT SOUTH	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALTENHAUS, SHELDON S	
STREET ADDRESS	2701 QUANTUM BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 334268616	<i>sec'ty</i>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Frank Curtis	
STREET ADDRESS	1299 W Palmetto Park Rd	
CITY-ST-ZIP	Boca Raton FL 33486-3301	
TITLE	SENIOR WARDEN (D)	Change <input checked="" type="checkbox"/> Addition
NAME	John E Karpoum	
STREET ADDRESS	4814 Orchard Ln	
CITY-ST-ZIP	Delray Beach FL 33445-5308	
TITLE	JUNIOR WARDEN (D)	Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Allen Hansen	
STREET ADDRESS	37 Seaview Cir	
CITY-ST-ZIP	Boynton Beach FL 33435-2035	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Sheldon Altenhaus* **Sheldon Altenhaus**
 sec'ty
 Date: *4/26/05*
 Daytime Phone #: *561 740 7674*