## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # C10062

BOYNTON LODGE NO. 236 FREE AND ACCEPTED MASONS OF FLORIDA



Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90253 004 \*\*\*\*61.25

**FILED** 

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST

Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST

JACKSONVILLE, FL 32202  2. Principal Place of Business  Suite, Apt. #, etc.  City & State		JACKSONVILLE, FL 32202  3. Mailing Address  Suite, Apt. #, etc.  City & State			NTINI ORNA ANIA MELA	BÍBII BIZII ŽIZII BIBII BIBII B	ENTERN DE LABO	
					02072006 Chg-NP CR2E037 (11/05)			
				02072006 <sub>C</sub>				
				4. FEI Number 59-198013	<del></del>	applied For lot Applicable		
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Ac	iditional	
	6. Name and Address of Current I	Registered Agent	1	7. Name and Add	ress of New Re			
	RD, ROY CONNOR AN STREET		Name Street Addres	ss (P.O. Box Number is				
	IVILLE, FL 32202					~~		
,			City			FL Zip Co	de	
•	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	· · -	\$5.00 May Be Added to Fees		Ike check payable		
10.	OFFICERS AND DIR	RECTORS	14	_APRITION TO T	<u>.                                    </u>	ND DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KARROUM, JOHN E 4814 ORCHARD LN DELRAY BEACH, FL 33445	Delete	Wayne All Bib W Oce	en Hansen	(D) 3435—443	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD CURTIS, DAVID F 1299 W. PALMETTO PARK RD. BOCA RATON, FL 33486	<b>7</b> Delete	WORSHIPF John E K 4814 Orc	UL MASTER	ו מוי	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD HANSEN, WAYNE A 37 SEAVIEW CIR BOYNTON BEACH, FL 33435	☐ Delete	JUNIOR V Nobil H 8715 Wet	VARDEN (arroum 1dy Ln E	( D )	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JELILIAN, JOHN 5374 214TH COURT SOUTH BOCA RATON, FL 33486	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Lm Beach_F	_ 33411	— <u>≜ = ∃ i</u> _ Change	Addition	
TITLE	SD	☐ Delete	TITLE			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ALTENHAUS, SHELDON S

BOYNTON BEACH, FL 334268616

2701 QUANTUM BLVD

904-354-2339

☐ Change

☐ Addition