


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90253 004 ****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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

400-



02072006 Chg-NP CR2E037 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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		ADDITIONAL DIRECTORS		ND DIRECTORS IN 10	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARROUM, JOHN E		Wayne Allen Hansen		
STREET ADDRESS	4814 ORCHARD LN		316 W Ocean Ave		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		Boynton Beach FL 33435-4438		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURTIS, DAVID F		John E Karroum		
STREET ADDRESS	1299 W. PALMETTO PARK RD.		4814 Orchard Ln		
CITY-ST-ZIP	BOCA RATON, FL 33486		Delray Beach FL 33445-5308		
TITLE	JWD	<input type="checkbox"/> Delete	JUNIOR WARDEN (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSEN, WAYNE A		Nabil Karroum		
STREET ADDRESS	37 SEAVIEW CIR		8715 Wendy Ln E		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		West Palm Beach FL 33411-6531	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTENHAUS, SHELDON S				
STREET ADDRESS	2701 QUANTUM BLVD				
CITY-ST-ZIP	BOYNTON BEACH, FL 334268616				
TITLE		<input type="checkbox"/> Delete		<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 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.

SIGNATURE: *Sheldon S. Altenhaus* **Sheldon S. Altenhaus** **3-14-06** **904-354-2339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #