

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 023 ****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**

40049578



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202007 Chg-NP CR2E037 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
HANSEN, WAYNE A
316 W. OCEAN DR
BOYNTON BEACH, FL 334354438** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Nabil Karroum
8715 Wendy Ln E
West Palm Beach FL 33411-65**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
KARROUM, JOHN E
4814 ORHARD LN
DELRAY BEACH, FL 334455308** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORTHFUL MASTER (D) ☒ Change ☐ Addition
Wayne Allen Hansen
316 W Ocean Ave
Boynton Beach FL 33435-4438**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
HANSEN, WAYNE A
37 SEAVIEW CIR
BOYNTON BEACH, FL 33435** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☐ Change ☒ Addition
Michael Floering
7131 Lockwood Rd
Lake Worth FL 33467-7818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JELILIAN, JOHN
5374 214TH COURT SOUTH
BOCA RATON, FL 33486** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☐ Change ☒ Addition
Robert Claude Mandell
5550 Homeland Rd
Lake Worth FL 33467-8461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ALTENHAUS, SHELDON S
2701 QUANTUM BLVD
BOYNTON BEACH, FL 334268616** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY (D) ☒ Change ☐ Addition
John E Karroum
4814 Orchard Ln
Delray Beach FL 33445-5308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
KARROUM, NABIL
8715 WENDY LN E
WEST PALM BEACH, FL 334116531** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**John E Karroum
4814 Orchard Ln
Delray Beach FL 33445-5308** ☐ Addition

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: *John Karroum* **John Karroum** **3/6/2007** **561-843-1219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #