



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-04-2007 90169 023 \*\*\*\*61.25

|   |                               |   |                |   |        |  |
|---|-------------------------------|---|----------------|---|--------|--|
| <b>DOCUMENT # C10062</b>  |                               |   |                |    |        |  |
| <b>1. Entity Name</b><br>BOYNTON LODGE NO. 236 FREE AND ACCEPTED MASONS OF FLORIDA  |                               |   |                |   |        |  |
| <b>Principal Place of Business</b><br>C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202   |                               | <b>Mailing Address</b><br>C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202 |                | <p style="font-size: 24pt; text-align: center;">40049578</p>  |        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                               | <b>3. Mailing Address</b>   |                |   |        |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc.   |                |   |        |  |
| City & State  |                               | City & State  |                |   |        |  |
| Zip   | Country                       | Zip   | Country        | 01202007  | Chg-NP | CR2E037 (12/06)  |
|   |                               |   |                | <b>4. FEI Number</b><br>59-1980138  |        | Applied For<br><input type="checkbox"/> Not Applicable   |
|   |                               |   |                | <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |        | <b>\$8.75 Additional Fee Required</b>                    |
| <b>6. Name and Address of Current Registered Agent</b>  |                               |   |                | <b>7. Name and Address of New Registered Agent</b>  |        |  |
| SHEPPARD, ROY CONNOR<br>220 OCEAN STREET<br>JACKSONVILLE, FL 32202  |                               |   |                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |        |  |
| <b>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.</b>  |                               |   |                |   |        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                               |   |                |   |        |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |                               | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>     |                | <b>\$5.00 May Be Added to Fees</b>  |        | <b>Make check payable to Florida Department of State</b> |
| <b>10. OFFICERS AND DIRECTORS</b>   |                               |   |                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |        |  |
| TITLE   | SWD                           | <input checked="" type="checkbox"/> Delete  | TITLE          | <del>SENIOR WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |        |  |
| NAME  | HANSEN, WAYNE A               |   | NAME           | Nabil Karroum   |        |  |
| STREET ADDRESS  | 316 W. OCEAN DR               |   | STREET ADDRESS | 8715 Wendy Ln E   |        |  |
| CITY-ST-ZIP   | BOYNTON BEACH, FL 334354438   |   | CITY-ST-ZIP    | West Palm Beach FL 33411-65   |        |  |
| TITLE   | WMD                           | <input checked="" type="checkbox"/> Delete  | TITLE          | <del>NORSHIRE MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                     |        |  |
| NAME  | KARROUM, JOHN E               |   | NAME           | Wayne Allen Hansen  |        |  |
| STREET ADDRESS  | 4814 ORHARD LN                |   | STREET ADDRESS | 316 W Ocean Ave   |        |  |
| CITY-ST-ZIP   | DELRAY BEACH, FL 334455308    |   | CITY-ST-ZIP    | Boynton Beach FL 33435-4438   |        |  |
| TITLE   | JWD                           | <input checked="" type="checkbox"/> Delete  | TITLE          | <del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                       |        |  |
| NAME  | HANSEN, WAYNE A               |   | NAME           | Michael Floering  |        |  |
| STREET ADDRESS  | 37 SEAVIEW CIR                |   | STREET ADDRESS | 7181 Lockwood Rd  |        |  |
| CITY-ST-ZIP   | BOYNTON BEACH, FL 33435       |   | CITY-ST-ZIP    | Lake Worth FL 33467-7818  |        |  |
| TITLE   | TD                            | <input checked="" type="checkbox"/> Delete  | TITLE          | TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |        |  |
| NAME  | JELILIAN, JOHN                |   | NAME           | Robert Claude Mandell   |        |  |
| STREET ADDRESS  | 5374 214TH COURT SOUTH        |   | STREET ADDRESS | 5550 Homeland Rd  |        |  |
| CITY-ST-ZIP   | BOCA RATON, FL 33486          |   | CITY-ST-ZIP    | Lake Worth FL 33467-3461  |        |  |
| TITLE   | SD                            | <input checked="" type="checkbox"/> Delete  | TITLE          | SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |        |  |
| NAME  | ALTENHAUS, SHELDON S          |   | NAME           | John E Karroum  |        |  |
| STREET ADDRESS  | 2701 QUANTUM BLVD             |   | STREET ADDRESS | 4814 Orchard Ln   |        |  |
| CITY-ST-ZIP   | BOYNTON BEACH, FL 334268616   |   | CITY-ST-ZIP    | Delray Beach FL 33445-5308  |        |  |
| TITLE   | JWD                           | <input checked="" type="checkbox"/> Delete  | TITLE          |   |        |  |
| NAME  | KARROUM, NABIL                |   | NAME           |   |        |  |
| STREET ADDRESS  | 8715 WENDY LN E               |   | STREET ADDRESS |   |        |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 334116531 |   | CITY-ST-ZIP    |   |        |  |
| <b>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.</b> |                               |   |                |   |        |  |
| <b>SIGNATURE:</b> <i>John Karroum</i> John Karroum  |                               |   |                | Date: 3/6/2007  |        | Daytime Phone #: 561-843-1219                            |