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

## DOCUMENT # C10062

BOYNTON LODGE NO. 236 FREE AND ACCEPTED MASONS OF FLORIDA



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

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

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C/O ROY CONNOR SHEPPARD 220 OCEAN ST 2		C/O F 220	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202				0049			# <b>61811 8</b> :811 <b>8</b>	Namal al 18 <b>1</b> 1
2. Principal Place of Business - No P.O. Box # 3. Ma		ailing Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01202007	Chg-NP		CR2E03	37 (12/06)	
City & State		Cit	City & State			4. FEI Numbe 59-198	er 0138			<u> </u>	Applied For Not Applicable
Zip Country		Zip	,	Country		5. Certificate	of Status De	esired		\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent						7. Name and	Address of	New Reg	istered /	Agent	
CHEDDAD	D. DOV CONNOD			Name							
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				Street A	ddress (P	.O. Box Numb	er is Not Acc	eptable)		<del> </del>	
JACKOON	VICLE, FC 32202										
				City					FL	Zip Co	ode
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.											
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SIGNATURE .											
	Signature, typed or printed name of	registered agent and title if app	olicable. (NOTE:	Registered Agent signati	ure required v	vhen reinstating)	-		DATE		
		_			• • • • • • • • • • • • • • • • • • • •						
	E14: E : 604 0										
	Filing Fee is \$61.2		9. Election Camp Trust Fund Co			<b>\$5.00</b> May E	Be			payable	
40	Due by May 1, 200	7	Trust Fund Co	ntribution.	ш,	Added to Fees		Florid	а Dерап	tment of	State
10.	Due by May 1, 200 OFFICE		Trust Fund Co	ntribution.		\$5.00 May E Added to Fees	ANGES TO	Florid	a Depar	RECTORS	State IN 10
TITLE	OFFICE SWD	7	Trust Fund Co	11.		Added to Fees	ANGES TO	Florid	а Dерап	RECTORS	State IN 10
	Due by May 1, 200 OFFICE	7	Trust Fund Co	ntribution.	SEA Nab	Added to Fees	ANGES TO ( RDED) P P O UM	Florid	a Depar	RECTORS	State IN 10
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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 a attachment with an address, with all other like empowered.

SIGNATURE: X John Kananun	T 1	Karroum	3/5/2007	561- <b>8</b> 43-121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	G OFFICER OR DIRECTOR	•	Date	Claytime Phone #