

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 JUN -3 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # C10077

(1) Filed under name
of record 6/3

DELTA LODGE NO. 171 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
---	---

3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 23-7171380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code 85 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registration)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	WMD STAVIS, ISRAEL 12 CAPRI A DELRAY BEACH FL 33484-7902
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	SWD LIEBESKIND, ARNOLD 9580 EL CLAIR RANCH RD BYONTON BEACH FL 33437-3316
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	JWD MERMELSTEIN, MORRIS 5598 WITNEY BLVD DELRAY BEACH FL 33484-4002
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	TD MAYBAUM, MILTON 307 BRITTANY G DELRAY BEACH FL 33446-1132
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	SD ZWEIGENHAFT, ARTHUR 425 SHERWOOD FOREST DR DELRAY BEACH FL 33445
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. WORSHIPFUL MASTER (D) 1 David A Allen 12 952 NW 8th St 13 Boca Raton FL 33486-2202 14 SECRETARY (D) 2 Israel Stavis 22 12 Isle of Capri A 23 Delray Beach FL 33484-7902 2 SENIOR WARDEN (D) 3 Arthur Ray Stewart 3 899 SW 10th Ave 3 Boca Raton FL 33486-5469 4 JUNIOR WARDEN (D) 4 Arthur Dubin 4 6401 Pumpkin Seed Cir 4 Boca Raton FL 33433-5176 5 TREASURER (D) 5 Jerome Eimer Schaefer 5 1588 NW 8th St 5 Boca Raton FL 33486-2007 621 63 STREET ADDRESS 64 CITY-ST-ZIP	RS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Israel Stavis 02-24-98 (561) 498-3985

CR2E037 (10/97)