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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90111 001 \*5,390.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # C10185**

1. Corporation Name

**BYKOTA LODGE NO. 333 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526549

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
 220 OCEAN STREET  
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

N/A

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME: D MILLER, WAYNE A  
 STREET ADDRESS: 3695 DORRIT AVE  
 CITY-ST-ZIP: BOYNTON BEACH FL 33436

TITLE  DELETE

NAME: D VOLPE, LEONARD THOMAS  
 STREET ADDRESS: 9353 PINION DR  
 CITY-ST-ZIP: LAKE WORTH FL 33467-1031

TITLE  DELETE

NAME: D SINOT, WAYNE J  
 STREET ADDRESS: 1849 ABBEY RD  
 CITY-ST-ZIP: WEST PALM BEACH FL 33415

TITLE  DELETE

NAME: TD ADAMS, RICHARD LURAL  
 STREET ADDRESS: 624 SEA PINE WAY APT E2  
 CITY-ST-ZIP: W PALM BCH FL 33415-8937

TITLE  DELETE

NAME: SD TAYLOR, BILLY MASON  
 STREET ADDRESS: 5343 SANDHURST CIR N  
 CITY-ST-ZIP: LAKE WORTH FL 33463-5809

TITLE  DELETE

NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN (D)  Change  Addition

1.2 NAME: Scott A Frum  
 1.3 STREET ADDRESS: 1114 South D Street  
 1.4 CITY-ST-ZIP: Lake Worth FL 33460

2.1 TITLE SECRETARY (D)  Change  Addition

2.2 NAME: John Steven Reynolds  
 2.3 STREET ADDRESS: P.O. Box 15782 N/A  
 2.4 CITY-ST-ZIP: West Palm Beach FL 33415-5782, Addition

3.1 TITLE TREASURER (D)  Change  Addition

3.2 NAME: Michael Murray Beck  
 3.3 STREET ADDRESS: 123 Lake Shore Blvd  
 3.4 CITY-ST-ZIP: North Palm Beach FL 33461

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (561) 684-0000  
 Date Daytime Phone #

CR2E037 (11/98)