FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10196 (9)

1. Corporation Name

BOCA RATON LODGE NO. 328 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7215362 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

200001484692
-05/11/95--01098--004
***2600.00 ****130.00

10. Name and Address of New Registered Agent

81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2/6/95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	11 TITLE	WORSHIPFUL MASTER/D
NAME	MCCAFFREY, HUGH A	12 NAME	JEFFREY RICHARD BLEWETT
STREET ADDRESS	3200 NW 27TH TER	13 STREET ADDRESS	1241 S.W. 4TH CT.
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON FL 33432-7130
TITLE	S	21 TITLE	SECRETARY/D
NAME	JANES, GARY A	22 NAME	GARY ALDEN JANES
STREET ADDRESS	3654 NW 3RD AVE	23 STREET ADDRESS	3654 NW 3RD AVE
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON FL 33431-5836
TITLE	SW	31 TITLE	SENIOR WARDEN/D
NAME	BLEWETT, JEFFREY R	32 NAME	JOHN MITCHELL MANNIN
STREET ADDRESS	1241 SW 4TH CT	33 STREET ADDRESS	697 KINGSBRIDGE ST
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON FL 33487-4122
TITLE	JW	41 TITLE	JUNIOR WARDEN/D
NAME	MANNIN, JOHN M	42 NAME	HARRY LAWRENCE THOMAN
STREET ADDRESS	697 KINGBRIDGE ST	43 STREET ADDRESS	4394 N.W. 9TH AVE.
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	POMPANO BEACH FL 33064-1729
TITLE	T	51 TITLE	TREASURER/D
NAME	SCHEIB, JEROME E	52 NAME	JEROME ELMER SCHEIB
STREET ADDRESS	1588 NW 9TH ST	53 STREET ADDRESS	1588 NW 9TH ST
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	BOCA RATON FL 33486-2007
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] GARY A. JANES 4/6/95 4073929780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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