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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C10196 (9)

1. Corporation Name

BOCA RATON LODGE NO. 328 FREE AND ACCEPTED MASON
S 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

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Roy Connor Sheppard

26 Roy Connor Sheppard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

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

500001773065

83 -04/09/96--01011--001

84 City

***1960-00

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

Signature of officer or printed name of registered agent and title of officer

NOTE: Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD
NAME BLEWETT, JEFFREY R
STREET ADDRESS 1241 S.W. 4TH CT.
CITY-STATE-ZIP BOCA RATON FL 33432-7130

TITLE SD
NAME JAMES, GARY A
STREET ADDRESS 3654 NW 3RD AVE
CITY-STATE-ZIP BOCA RATON FL 33431-5836

TITLE SWD
NAME MANNIN, JOHNREY M
STREET ADDRESS 697 KINGSBRIDGE ST.
CITY-STATE-ZIP BOCA RATON FL 33487-4122

TITLE JWD
NAME THOMAN, HARRY L
STREET ADDRESS 4394 N.W. 9TH AVE.
CITY-STATE-ZIP POMPANO BEACH FL 33064-1729

TITLE TD
NAME SCHEIB, JEROME E
STREET ADDRESS 1588 NW 9TH ST
CITY-STATE-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE WORSHIPFUL MASTER (D)
1.2 NAME JOHN MITCHELL MANNIN
1.3 STREET ADDRESS 697 KINGSBRIDGE ST
1.4 CITY-STATE-ZIP BOCA RATON FL 33487-4122

2.1 TITLE SENIOR WARDEN (D)
2.2 NAME HARRY LAWRENCE THOMAN
2.3 STREET ADDRESS 4394 N.W. 9TH AVE.
2.4 CITY-STATE-ZIP POMPANO BEACH FL 33064-1729

3.1 TITLE JUNIOR WARDEN (D)
3.2 NAME DAVID A ALLEN
3.3 STREET ADDRESS 3630 NW 2ND CT.
3.4 CITY-STATE-ZIP BOCA RATON FL 33431-5803

4.1 TITLE TREASURER (D)
4.2 NAME JEROME ELMER SCHEIB
4.3 STREET ADDRESS 1588 NW 9TH ST
4.4 CITY-STATE-ZIP BOCA RATON FL 33486-2007

5.1 TITLE SECRETARY (D)
5.2 NAME GARY ALDEN JAMES
5.3 STREET ADDRESS 3654 NW 3RD AVE
5.4 CITY-STATE-ZIP BOCA RATON FL 33431-5836

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the information indicated on this annual report or supplemental annual report is true and accurate; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (407) 392-9780

CS 4/8/96

CR2E037 (12/95)