

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10196 (9)
 1. Corporation Name
BOCA RATON LODGE NO. 328 FREE AND ACCEPTED MASON S 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 32202-3218
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3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/08/1996
4. FEI Number 23-7215362	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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
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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 85 Zip Code
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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]* DATE: **2-3-97**

12. OFFICERS AND DIRECTORS	
TITLE	WMD <input type="checkbox"/> DELETE
NAME	MANNIN, JOHN M
STREET ADDRESS	697 KINGSBRIDGE ST
CITY-ST-ZIP	BOCA RATON FL 33487-4122
TITLE	SWD <input type="checkbox"/> DELETE
NAME	THOMAN, HARRY L
STREET ADDRESS	4349 N.W. 9TH AVE
CITY-ST-ZIP	POMPANO BEACH FL 33064-1729
TITLE	JWD <input type="checkbox"/> DELETE
NAME	ALLEN, DAVID A
STREET ADDRESS	3630 NW 2ND CT.
CITY-ST-ZIP	BOCA RATON FL 33431-5803
TITLE	SD <input type="checkbox"/> DELETE
NAME	JANES, GARY A
STREET ADDRESS	3654 NW 3RD AVE.
CITY-ST-ZIP	BOCA RATON FL 33486-2007
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCHEIB, JEROME E
STREET ADDRESS	1588 NW 9TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	WM D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thoman, Harry L.
1.3 STREET ADDRESS	22576 Sawfish Terrace
1.4 CITY-ST-ZIP	Boca Raton, FL 33428
2.1 TITLE	SW D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Allen, David A.
2.3 STREET ADDRESS	952 N.W. 8th St.
2.4 CITY-ST-ZIP	Boca Raton, FL 33486
3.1 TITLE	JW D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stewart, Arthur Ray
3.3 STREET ADDRESS	899 SW 10th Avenue
3.4 CITY-ST-ZIP	Boca Raton, FL 33486
4.1 TITLE	Treas. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Van Gunst, Pieter
4.3 STREET ADDRESS	2973 N.E. 8th Avenue
4.4 CITY-ST-ZIP	Boca Raton, FL 33431
5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change
5.2 NAME	Hugh Anthony McCaffrey
5.3 STREET ADDRESS	3908 S Ocean Blvd #M-128
5.4 CITY-ST-ZIP	Highland Beach FL 33487-3337
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	400002142584
6.4 CITY-ST-ZIP	-04/14/97--01040--029 ***2633.75

14. I do 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: *[Signature]* DATE: **11 MAR 97** DAYTIME PHONE: **904-354-2339**

CR2E037 (9/96)