

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # C10197 (7)

1. Corporation Name

PALM LODGE NO. 327 FREE AND ACCEPTED MASONS OF F  
LORIDA

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  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Roy Connor Sheppard  
Suite, Apt. #, etc.

26 Roy Connor Sheppard  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-6139898

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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)

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

Signature of registered agent 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WMD  
SAMRA, MARK G  
1008 ARDMORE RD.  
WEST PALM BEACH FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
WALKER, ROBERT W  
523 28TH ST.  
WEST PALM BEACH FL 33407-5102

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SWD  
CHALHOUB, IBRAHIM H  
3012 GREENWOOD AVE.  
BOYNTON BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JWD  
SNITKIN, PAUL H  
353 PILGRIM RD.  
WEST PALM BEACH FL 33405-3213

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BARANOVICH, LUDWIG L  
218 SLEEPY HOLLOW DR  
W PALM BEACH FL 33415-3143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

WORSHIPFUL MASTER (D)  
IBRAHIM HANNA CHALHOUB  
3012 GREENWOOD AVE.  
BOYNTON BEACH FL 33435-8154

SENIOR WARDEN (D)  
PAUL HENRY SNITKIN  
353 PILGRIM RD  
WEST PALM BEACH FL 33405-32

JUNIOR WARDEN (D)  
GARY S COLECCHIO  
102-C WATBRIDGE CT  
ROYAL PALM BEACH FL 33411

TREASURER (D)  
JOSEPH LEE BLAIR  
2591 VIA VELLARIA  
LAKE WORTH FL 33461

SECRETARY (D)  
ROBERT WAYNE WALKER  
523 28TH ST  
WEST PALM BEACH FL 33407-5102

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption from filing. I 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0125037 (12/95)