

FILE NOW: FILING FEE IS \$61.25

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May 20 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 # C10197 (7)

1. Corporation Name

PALM LODGE NO. 327 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218 US

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

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 03/13/1996
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4. FEI Number 59-6139898	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
	FL

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]* **2-3-97**
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	NAME
WMD	SAMRA, MARK G
STREET ADDRESS	1006 ARDMORE RD.
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	NAME
SD	WALKER, ROBERT W
STREET ADDRESS	523 28TH ST.
CITY-ST-ZIP	WEST PALM BEACH FL 33407-5102
TITLE	NAME
SWD	CHALHOUB, IBRAHIM H
STREET ADDRESS	3012 GREENWOOD AVE.
CITY-ST-ZIP	BOYTON BEACH FL
TITLE	NAME
JWD	SNITKIN, PAUL H
STREET ADDRESS	353 PILGRIM RD.
CITY-ST-ZIP	WEST PALM BEACH FL 33405-3213
TITLE	NAME
TD	BARANOVICH, LUDWIG L
STREET ADDRESS	216 SLEEPY HOLLOW DR
CITY-ST-ZIP	W PALM BEACH FL 33415-3143
TITLE	NAME
SD	WALKER, ROBERT WAYNE
STREET ADDRESS	523 28TH ST
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Paul Henry Snitkin
1.3 STREET ADDRESS	353 Pilgrim Rd
1.4 CITY-ST-ZIP	West Palm Beach FL 33405-3213
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	David Mark Snitkin
2.3 STREET ADDRESS	5679 Waltham Way
2.4 CITY-ST-ZIP	Lake Worth FL 33463
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Thomas Andrew Stricklen
3.3 STREET ADDRESS	1117 S. Broadway St
3.4 CITY-ST-ZIP	Lantana Fl 33462-4522
4.1 TITLE	TREASURER D
4.2 NAME	Michael Allan Snitkin
4.3 STREET ADDRESS	2712 Yale Lane
4.4 CITY-ST-ZIP	Boynton Beach FL 33426
5.1 TITLE	SECRETARY D
5.2 NAME	Robert Wayne Walker
5.3 STREET ADDRESS	523 28th St
5.4 CITY-ST-ZIP	West Palm Beach Fl 33407-5102
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 recipient 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]* **Robert Walker** **2/17/97** **904-**
Signature typed or printed name of registered agent and title if applicable DATE **354-2339**

UNCLAS 1/23/97