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 # C10200 (9)

1. Corporation Name

DEERFIELD BEACH LODGE NO. 325 FREE AND ACCEPTED MASONS OF FLORIDA

200001484682
-05/11/95--01098--004
***2600.00 ****130.00
DO NOT WRITE IN THIS SPACE

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: 04/29/1994
4. FEI Number: 23-7156070 ☐ 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

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS	
TITLE	WM
NAME	POLLACK, STEVEN M
STREET ADDRESS	9657 TRIVOLO PL
CITY-ST-ZIP	BOCA RATON FL
TITLE	S
NAME	OXLEY, GEORGE C
STREET ADDRESS	612 SE 12TH TER
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	SW
NAME	BLACK, TERENCE
STREET ADDRESS	4020 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	JW
NAME	BAYLEY, TODD J
STREET ADDRESS	5688 BOYNTON COVE WAY
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	T
NAME	ARCHER, DAVID S
STREET ADDRESS	2281 SW 15TH ST #141
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5/1/95 MSF

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE WORSHIPFUL MASTER/D
12 NAME TERENCE BLACK
13 STREET ADDRESS 4020 GALT OCEAN DR.
14 CITY-ST-ZIP FT. LAUDERDALE FL 33308-6524

21 TITLE SECRETARY/D
22 NAME MARVIN DALLAS BEAN
23 STREET ADDRESS 2151 NE 42ND CT #228
24 CITY-ST-ZIP POMPANO BEACH FL 33064-7355

31 TITLE SENIOR WARDEN/D
32 NAME DENVER WILLIAM CRABBS
33 STREET ADDRESS 1251 NW 44TH ST
34 CITY-ST-ZIP POMPANO BEACH FL 33064-1120

41 TITLE JUNIOR WARDEN/D
42 NAME DAVID EARLE STEIGELMAN
43 STREET ADDRESS 1145 W. CAMINO REAL
44 CITY-ST-ZIP BOCA RATON FL 33486-5401

51 TITLE TREASURER/D
52 NAME DAVID SPENCER ARCHER
53 STREET ADDRESS 2281 SW 15TH ST #141
54 CITY-ST-ZIP DEERFIELD BEACH FL 33442-7544

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

(305) 564-3442

SIGNATURE: [signature] TERENCE BLACK - WORSHIPFUL MASTER 1/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001102