

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90063 029 \*\*\*\*61.25

**DOCUMENT # C10200**

1. Entity Name  
**DEERFIELD BEACH LODGE NO. 325 FREE AND  
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**23-7156070**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
KING, SIDNEY  
2111 NW 75TH AVE  
MARGATE, FL 33063** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Richard Lawrence Morris  
990 N W 69TH AVE  
MARGATE FL 33063-3447**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
BINDER, MICHAEL S  
940 NW 69 TERRACE  
POMPAÑO BEACH, FL 33063** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR WARDEN (D) ☐ Change ☒ Addition  
Thomas Alex Trepczyk  
975 N W 69TH AVE  
MARGATE FL 33063-3446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JWD  
MORRIS, RICHARD L  
990 NW 69TH AVE  
POMPAÑO BEACH, FL 33063** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JUNIOR WARDEN (D) ☐ Change ☒ Addition  
Frank Dale Allen  
1341 S E 4TH ST  
DEERFIELD BEACH FL 33401-4992**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
THOMAS, JOHN R  
9601 NW 72ND MANOR  
FORT LAUDERDALE, FL 33321** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER (D) ☒ Addition  
Robert Arthur Dinkel Jr  
3951 N E 16TH AVE  
POMPAÑO BEACH FL 33064-6050**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ARCHER, DAVID S  
2281 SW 15TH ST., #141  
DEERFIELD BEACH, FL 334427544** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *David S. Archer* David Archer, Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

954-428-0680

Date

Daytime Phone #