

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90039 048 \*\*\*\*\*61.25

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2007 MAR 26 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20007653



02092007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # C10200</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7156070	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when rechartering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDENBURG, SOLOMON M		NAME	Edward Joseph Engstrom	
STREET ADDRESS	15011 FEATHERSTONE WAY		STREET ADDRESS	7613 NW 88th Way	
CITY-ST-ZIP	DAVIE, FL 333312939		CITY-ST-ZIP	Tamarac FL 33321-2426	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, JOHN RAYMOND		NAME	John Raymond Bonner	
STREET ADDRESS	10226 SLEEPY BROOK WAY		STREET ADDRESS	10226 Sleepy Brook Way	
CITY-ST-ZIP	BOCA RATON, FL 334285766		CITY-ST-ZIP	Boca Raton FL 33428-5766	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLA, EUGENE		NAME	Eugene Elia	
STREET ADDRESS	4722 NW 3RD CT		STREET ADDRESS	4722 NW 3rd Ct	
CITY-ST-ZIP	DEERFIELD BEACH, FL 334429303		CITY-ST-ZIP	Deerfield Beach FL 33442-93	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINKEL, ROBERT A JR		NAME	Richard Lawrence Morris	
STREET ADDRESS	3951 NE 18TH AVE.		STREET ADDRESS	770 NW 69th Ave	
CITY-ST-ZIP	POMPANO BEACH, FL 330646050		CITY-ST-ZIP	Margate FL 33063-3447	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, DAVID S		NAME		
STREET ADDRESS	2281 SW 15TH ST., #141		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 334427544		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.					
SIGNATURE: <i>X David S. Archer</i>		DAVID S. ARCHER		3/16/07 954-428-2630	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	