

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90201 017 \*\*\*\*61.25

**DOCUMENT # C10244**

1. Entity Name  
**CORAL SPRINGS LODGE NO. 373 FREE AND  
ACCEPTED MASONS OF FLORIDA**



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

Mailing Address  
**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**51-0142960**

Applied For

Not Applicable

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 ST  
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  
FISCHER, CHARLES A  
9899 WESTVIEW DR.  
CORAL SPRINGS, FL 33076** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Miguel G Silva  
8830 N W 29TH ST  
SUNRISE FL 33322**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TAYLOR, JOHN K  
171 DEER CREEK BLVD, #702  
DEERFIELD BEACH, FL 33442** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
SILVA, MIGUEL G  
401 NE 21ST ST.  
WILTON MANORS, FL 33305** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JWD  
KIENZLE, HARRY  
5408 JEFFERSON ST.  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BERKMAN, SHELDON L  
521 RIVERSIDE DR  
POMPANO BEACH, FL 33062** ☐ 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 like empowered.

SIGNATURE: *Sheldon L. Berkman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sheldon L. Berkman,  
Treas**

**4/19/04**

Date

**954-957-7713**

Daytime Phone #