



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90201 002 ****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		04212006 Chg-NP CR2E037 (11/05)  4. FEI Number 51-0142960 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	(D) Worshipful Master	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIENZLE, HARRY WM		NAME	MARKOWITZ, IRA	
STREET ADDRESS	5408 JEFFERSON ST		STREET ADDRESS	3401 PINE WALK DR N	
CITY-ST-ZIP	HOLLYWOOD, FL 330217122		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOWITZ, IRA F SW		NAME		
STREET ADDRESS	3401 PINE WALK DR N		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 330637803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MARC J JW		NAME		
STREET ADDRESS	7859 NW 50 STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 333515735		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKEN, LAWRENCE W		NAME		
STREET ADDRESS	9401 NW 42 STREET		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 330651541		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	(D) Junior Warden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SHTULMAN, HOWARD	
STREET ADDRESS			STREET ADDRESS	5644 NW 66 AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
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 like empowered.					
SIGNATURE: <i>L. Kunken</i> L. KUNKEN Spc		Date: 4/20/06		Daytime Phone #: 954-753-3698	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					