

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90024 022 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 51-0142960				Applied For <input type="checkbox"/> Not Applicable	
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 ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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 3/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS <input checked="" type="checkbox"/> CITY-ST-ZIP <input checked="" type="checkbox"/>	D <input type="checkbox"/> Delete BERKMAN, SHELDON L 521 N. RIVERSIDE DR #606 POMPAHO BEACH, FL 330624725		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS <input checked="" type="checkbox"/> CITY-ST-ZIP <input checked="" type="checkbox"/>	D <input type="checkbox"/> Delete BEYER, ANTHONY J 4320 SEA GRAPE DR #1 LAUDERDALE-BY-THE-SEA, FL 333085049		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS <input checked="" type="checkbox"/> CITY-ST-ZIP <input checked="" type="checkbox"/>	S <input type="checkbox"/> Delete KUNKEN, LAWRENCE W 9401 NW 42 STREET CORAL SPRINGS, FL 330651541		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS <input checked="" type="checkbox"/> CITY-ST-ZIP <input checked="" type="checkbox"/>	D <input type="checkbox"/> Delete SHTULMAN, HOWARD 5644 NW 66TH AVE POMPAHO BEACH, FL 330672764		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> STREET ADDRESS <input checked="" type="checkbox"/> CITY-ST-ZIP <input checked="" type="checkbox"/>	D <input checked="" type="checkbox"/> Delete FISCHER, CHARLES A 9900 W SAMPLE RD #300 CORAL SPRINGS, FL 330654077		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JUNIOR WARDEN (D)	
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>			NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Patrick Allan Knox 9921 NW 38th St Coral Springs, FL 33065-2830	
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			3/4/07 954-753-3698 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		