

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **C10287** (6)

1. Corporation Name

**SEMINOLE LODGE NO. 304 FREE AND ACCEPTED MASONS
OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US**

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1885254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

81 Name

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

600002486106

83

-04/13/98--01018--026

84 City

*****5083.75**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DORBER, JEFFERY S**
STREET ADDRESS **12850 SR 84 #413**
CITY-ST-ZIP **DAVIE FL**

TITLE **SD** ☐ DELETE

NAME **LOPEZ, EVALDO C**
STREET ADDRESS **7400 STIRLING RD #817**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SWD** ☐ DELETE

NAME **BOURDREAUX, STEPHEN M**
STREET ADDRESS **2980 N.W. 107TH AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **JWD** ☐ DELETE

NAME **CREWS, GARY D**
STREET ADDRESS **5851 HOLMBERG ROAD**
CITY-ST-ZIP **PARKLAND FL 33037**

TITLE **TD** ☐ DELETE

NAME **DEAN, RALPH J SR**
STREET ADDRESS **4315 N.W. 95TH TERR.**
CITY-ST-ZIP **SUNRISE FL 33351-7658**

TITLE **SD** ☐ DELETE

NAME **HOFFMEIER, FREDERICK W**
STREET ADDRESS **7557 BLACK OLIVE AVE**
CITY-ST-ZIP **TAMARAC FL 09**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition

1.2 NAME **Jeffery Scott Dorber**
1.3 STREET ADDRESS **12850 SR 84 #4-13**
1.4 CITY-ST-ZIP **DAVIE FL 33325**

2.1 TITLE **SECRETARY** (D) ☒ Change ☐ Addition

2.2 NAME **Frederick William Hoffmeier**
2.3 STREET ADDRESS **7557 Black Olive Ave**
2.4 CITY-ST-ZIP **Tamarac FL 33321-2709** ☒ Addition

3.1 TITLE **SENIOR WARDEN** (D)

3.2 NAME **Anthony Simon Sweet**
3.3 STREET ADDRESS **9150 N W 49th Court** ☒ Change ☐ Addition
3.4 CITY-ST-ZIP **Sunrise FL 33351**

4.1 TITLE **JUNIOR WARDEN** (D)

4.2 NAME **Sebastian W Alois** ☒ Change ☐ Addition
4.3 STREET ADDRESS **5520 S W 43rd Terrace**
4.4 CITY-ST-ZIP **Ft Lauderdale FL 33314**

5.1 TITLE **TREASURER** (D)

5.2 NAME **James Scrafford Ewart** ☒ Change ☐ Addition
5.3 STREET ADDRESS **P. O. Box 5482** **N/A** **PE**
5.4 CITY-ST-ZIP **Ft. Lauderdale FL 33310-5482** **4-10**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state, indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James S. Ewart**

3/14/98

754-523-3279

CR2E037 (10/97)