

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90009 001 ***735.00

DOCUMENT # C10287

1. Corporation Name

SEMINOLE LODGE NO. 304 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

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1992

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1885254

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

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

83

84 City

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

N/A

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD
NAME DORBER, JEFFERY SCOTT
STREET ADDRESS 12850 SR 84 #4-13
CITY-ST-ZIP DAVIE FL 33325

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Sebastian W Aloï
5520 S W 43rd Terrace
Ft Lauderdale FL 33314

TITLE SWD
NAME SWEET, ANTHONY SIMON
STREET ADDRESS 9150 NW 49TH COURT
CITY-ST-ZIP SUNRISE FL 33351

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SENIOR WARDEN (D) ☒ Change ☐ Addition
Richard Baron Dreiller
106 Royal Park Dr
Oakland Park FL 33309

TITLE JWD
NAME ALOI, SEBASTIAN W
STREET ADDRESS 5520 SW 43RD TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33314

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

JUNIOR WARDEN (D) ☒ Change ☐ Addition
Ronald Irwin Tuttle
8431 NW 38th Ct
Tamarac FL 33321

TITLE TD
NAME SCRAFFORD EWART, JAMES
STREET ADDRESS P.O. BOX 5482 N/A
CITY-ST-ZIP FT. LAUDERDALE FL 33310-5482

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TREASURER (D) ☒ Change ☐ Addition
Ronald Lee Tallmadge
5560 SW 2nd Ct
Plantation FL 33317-3571

TITLE SD
NAME WILLIAM HOFFMEIER, FREDERICK
STREET ADDRESS 7557 BLACK OLIVE AVE
CITY-ST-ZIP TAMARAC FL 33321-2709

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)