

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # C10291 (8)

1. Corporation Name

NORTHWOOD LODGE NO. 303 FREE AND ACCEPTED MASONS
OF FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIAM G. WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

C/O WILLIAM G. WOLF
220 OCEAN ST
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Roy Connor Sheppard

26 Roy Connor Sheppard

4. FEI Number

59-1404904

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

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

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
REESE, EDGAR A
1022 ANDREWS RD
WEST PALM BEACH FL 33405-1354

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
AKINS, CARL E
3503 WESTVIEW AVE
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
HOLLYWOOD, WILLIAM B
3404 BROADWAY
WEST PALM BEACH FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
TOWNSEND, ALBERT J
8595 WENDY LANE EST
WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PHILBRICK, RICHARD E
530 32ND ST
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

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

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

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

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

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

WORSHIPFUL MASTER (D)
WILLIAM BRIAN HOLLYWOOD
3404 BROADWAY
WEST PALM BEACH FL 33407-4840

SENIOR WARDEN (D)
ALBERT JOSEPH TOWNSEND
8595 WENDY LANE EST
WEST PALM BEACH FL 33411

JUNIOR WARDEN (D)
HENRY H WHITTINGTON
105 BROADWAY-17 SOUTH
RIVIERA BEACH FL 33404

TREASURER (D)
RICHARD ELY PHILBRICK
530 32ND ST
WEST PALM BEACH FL 33407-4812

SECRETARY (D)
CARL EMORY AKINS
3503 WESTVIEW AVE
WEST PALM BEACH FL 33407-4735

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not require certification 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

Daytime Phone

904-

354-2339

CR2E037 (12/95)