

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/13/1996

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

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 typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	REESE, EDGAR A	
STREET ADDRESS	1022 ANDREWS RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405-1354	

1.1 TITLE	WORSHIPFUL MASTER	D
1.2 NAME	Albert Joseph Townsend	
1.3 STREET ADDRESS	8595 Wendy Lane Est	
1.4 CITY-ST-ZIP	West Palm Beach Fl 33411	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	AKINS, CARL E	
STREET ADDRESS	3503 WESTVIEW AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

2.1 TITLE	SENIOR WARDEN	D
2.2 NAME	Kevin Peter Sauickie	
2.3 STREET ADDRESS	4537 Empire Way	
2.4 CITY-ST-ZIP	Greenacres Fl 33463	

TITLE	SWD	<input type="checkbox"/> DELETE
NAME	HOLLYWOOD, WILLIAM B	
STREET ADDRESS	3404 BROADWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

3.1 TITLE	JUNIOR WARDEN	D
3.2 NAME	Donald Phillip Kohl	
3.3 STREET ADDRESS	260 Ohio Road	
3.4 CITY-ST-ZIP	Lake Worth Fl 33467-4851	

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	TOWNSEND, ALBERT J	
STREET ADDRESS	8595 WENDY LANE EST	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

4.1 TITLE	TREASURER	D
4.2 NAME	Richard Ely Philbrick	
4.3 STREET ADDRESS	530 32ND St	
4.4 CITY-ST-ZIP	West Palm Beach Fl 33407-4812	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHILBRICK, RICHARD E	
STREET ADDRESS	530 32ND ST	
CITY-ST-ZIP	WEST PALM BEACH FL	

5.1 TITLE	SECRETARY	D
5.2 NAME	Carl Emory Akins	
5.3 STREET ADDRESS	136 Winter Park Lane	
5.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	AKINS, CAEL EMORY	
STREET ADDRESS	3503 WESTVIEW AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

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

14. I do 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. **Carl E. Akins**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004334

Carl E. Akins, Secretary**3 March 1997 861-624-4860**

UNRECORDED