

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90112 001 *4,838.75

DOCUMENT # C10291

1. Corporation Name

**NORTHWOOD LODGE NO. 303 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1992

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ✓ D CAMERON, COLIN M
STREET ADDRESS 417 PUTNAM RD
CITY-ST-ZIP W PALM BCH FL 33405

TITLE ☒ DELETE

NAME D SAUICKIE, KEVIN P
STREET ADDRESS 4537 EMPIRE WAY
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ DELETE

NAME ✓ D FRANKLIN, JEFFREY J
STREET ADDRESS P O BOX 8403 N/A
CITY-ST-ZIP W PALM BCH FL 33407-0403

TITLE ☐ DELETE

NAME ✓ TD BROUGHTON, HAROLD F
STREET ADDRESS 1768 SW SPRINGFIELD CT
CITY-ST-ZIP PALM CITY FL 34990-4709

TITLE ☐ DELETE

NAME ✓ SD AKINS, CARL EMORY
STREET ADDRESS 136 WINTER PARK LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition

1.2 NAME Richard Ely Philbrick

1.3 STREET ADDRESS 530 32ND St

1.4 CITY-ST-ZIP West Palm Beach FL 33407-4812

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99
Date

561-624-6860
Daytime Phone #

CR2E037 (1/98)