

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90201 046 \*\*\*\*61.25

**DOCUMENT # C10343**

1. Entity Name  
POMPANO LODGE NO. 263 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
23-7526496

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME DILLON, JACK A  
STREET ADDRESS 3190 HOLIDAY SPRINGS BLVD.  
CITY-ST-ZIP MARGATE, FL 330635411

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
NAME Richard Lowell Fannin  
STREET ADDRESS 900 NE 195th St #412  
CITY-ST-ZIP N Miami Beach FL 33179-3453

TITLE SWD ☒ Delete  
NAME FANNIN, RICHARD L  
STREET ADDRESS 900 NE 195TH ST # 412  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE SENIOR WARDEN (D) ☒ Addition  
NAME Steven Guy Catchera  
STREET ADDRESS 10124 NW 35th St  
CITY-ST-ZIP Coral Springs FL 33065-2881

TITLE WMD ☒ Delete  
NAME CASCHERA, STEVEN G  
STREET ADDRESS 10124 N.W. 35TH ST.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SECRETARY (D) ☒ Addition  
NAME Thomas Dean Thompson  
STREET ADDRESS 266 NW 90th Ave  
CITY-ST-ZIP Coral Springs FL 33071-6913

TITLE TD ☒ Delete  
NAME LINDELL, MICHAEL S  
STREET ADDRESS 6467 BAY CLUB DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE TREASURER (D) ☒ Addition  
NAME Reese Franklin Harry  
STREET ADDRESS 417 NE 11th Ave  
CITY-ST-ZIP Pompano Beach FL 33060-6443

TITLE JWD ☒ Delete  
NAME DAWSON, STEVEN W  
STREET ADDRESS 5190 S.W. 7TH STREET  
CITY-ST-ZIP MARGATE, FL 33068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Michael Lindell, Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 904-354-2339  
Date Daytime Phone #