

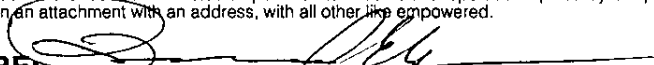


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 047 ****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 - No P.O. Box #		3. Mailing Address															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country	4. FEI Number 23-7526496													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR W 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202														
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		Applied For <input type="checkbox"/> Not Applicable													
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees													
Make check payable to Florida Department of State																	
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> D DIETZMAN, WILBUR D 6300 SW 10TH ST. N. LAUDERDALE, FL 330682718 </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> D ESTELL, ROBERT W JR 3561 W. HILLSBORO BLVD. COCONUT CREEK, FL 330732078 </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> D FANNIN, RICHARD 5340 SW 5TH ST. PLANTATION, FL 333173617 </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> T HARRY, REESE F 417 NE 11TH AVE POMPANO BEACH, FL 33060 </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> S CLARK, WILLIAM R 201 NW 39TH COURT POMPANO BEACH, FL 330642720 </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> </table>					D DIETZMAN, WILBUR D 6300 SW 10TH ST. N. LAUDERDALE, FL 330682718	<input checked="" type="checkbox"/> Delete	D ESTELL, ROBERT W JR 3561 W. HILLSBORO BLVD. COCONUT CREEK, FL 330732078	<input checked="" type="checkbox"/> Delete	D FANNIN, RICHARD 5340 SW 5TH ST. PLANTATION, FL 333173617	<input checked="" type="checkbox"/> Delete	T HARRY, REESE F 417 NE 11TH AVE POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete	S CLARK, WILLIAM R 201 NW 39TH COURT POMPANO BEACH, FL 330642720	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/30/08 <small>Date</small>		Daytime Phone #													

60035928



04302008 Chg-NP CR2E037 (12/06)