2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10343

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

POMPANO LODGE NO. 263 FREE AND ACCEPTED MASONS OF FLORIDA



Apr 08, 2003 8:00 am Secretary of State
04-08-2003 90113 001 *1,470.00

FILED

F FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 23-7526496 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, ROY CONNOR W Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE FL 32202 City 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. WMD WORSHIPFUL MASTER TITLE elete TITLE (D) * Change THOMPSON, THOMAS DEAN NAME NAME Steven Guy Caschera **266 NW 90TH AVE** STREET ADDRESS STREET ADDRESS 10124 N W 35TH ST CITY-ST-ZIP CORAL SPRINGS FL 33071-6913 CITY-ST-ZIP CORAL-SPRINGS FL 33065 JWD Delete Change SENIOR WARDEN FANNIN, RICHARD L NAME NAME Richard Lowell Fannin STREET ADDRESS 900 NE 195TH ST # 412 STREET ADDRESS 900 NE 195th St. # 412 CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179** Addition N Midmi Beach FL 33179 TITLE Delete TITLE ∴ ☐ Change COSHERD, STEVEN GUY NAME NAME JUNIOR WARDEN STREET ADDRESS STREET ADDRESS 900 SE-1ST ST:#16 Steven Wayne Dawson CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33060 5190-SW_7th .Street_ Delete Change TITLE Addition Margate FL 33048 HAIRE III, JAMES E NAME NAME (D) SECRETARY STREET ADDRESS 13106 157 COURT N STREET ADDRESS CITY-ST-ZIP Jack Arnold Dillon CITY-ST-7IP JUPITER FL 33478 S190 HOLIDAY SPRINGS BLVD age TITLE Delete ☐ Addition TITLE MARGATE FL 33063-5411 NAME NAME ----STREET ADDRESS STREET ADDRESS TREASURER (D)CITY-ST-ZIP CITY-ST-ZIP Michael Stephen Lindell TITLE ☐ Delete TITLE 1 Change ☐ Addition **6467 BAY CLUB DRIVE** NAME NAME FT LAUDERDALE FL 33308

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: MICHOLINARI REQUIRED MULLIFICATION 3/28/03 954-491-3419