

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 014 ****61.25

DOCUMENT # N98000007339					
1. Entity Name BOCA-DELRAY LODGE NO. 171, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0761478	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY C. 220 N 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 _____ (NOTE: Registered Agent signature required when reinstalling)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T VAN GUNT, PIETER <input checked="" type="checkbox"/> Delete 2973 NE 8TH AVE BOCA RATON, FL 334316909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRANT C. BAYER 4093 NW 4 AVENUE BOCA RATON FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD HAYCOCK, DAVID M <input checked="" type="checkbox"/> Delete 3840 MAJESTIC PALM WAY DELRAY BEACH, FL 334453511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Kemp 703 Saint Albans Dr Boca Raton FL 33486-1511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD LERNER, DAVID <input checked="" type="checkbox"/> Delete 2600 FIORE WAY #101 DELRAY BEACH, FL 334454523		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David M Haycock 3840 Majestic Palm Way Delray Beach FL 33445-3511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIMMERMAN, HOWARD S <input checked="" type="checkbox"/> Delete 7285 VENTURE CENTER WAY BOYNTON BEACH, FL 334377410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Thomas Langford 21 THE WOODLET BOCA RATON FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD STEWART, ARTHUR R <input checked="" type="checkbox"/> Delete 975 SW 10TH AVE BOCA RATON, FL 334865469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodrigo Jose Himiob 1174 NW 13th St #140 Boca Raton FL 33486-2253	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			3/24/2006 (561) 417-4599		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Robert T. Langford, Secretary