

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 023 ****61.25

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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0761478	
Zip		Country		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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007			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	T	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	2007 TORS IN 10
NAME	BAYER, BRANT C		NAME	Michael Sinatra	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4093 NW 4 AVE		STREET ADDRESS	7243 Falls Rd E	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	Boynton Beach FL 33437-6331	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, JOHN		NAME	John Kemp	
STREET ADDRESS	703 SAINT ALBANS DR		STREET ADDRESS	703 Saint Albans Dr	
CITY-ST-ZIP	BOCA RATON, FL 334861511		CITY-ST-ZIP	Boca Raton FL 33486-1511	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYCOCK, DAVID M		NAME	Erik Wold	
STREET ADDRESS	3840 MAJESTIC PALM WAY		STREET ADDRESS	5545 N Military Trl #2302	
CITY-ST-ZIP	DELRAY BEACH, FL 334453511		CITY-ST-ZIP	Boca Raton FL 33496-3804	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGFORD, ROBERT T		NAME	George Merrill Hervey	
STREET ADDRESS	21 THE WOODLET		STREET ADDRESS	5315 Sapphire Valley	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton FL 33486-1448	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMIOB, RODRIGO J		NAME	Rodrigo Jose Himiob	
STREET ADDRESS	1174 NW 13TH ST		STREET ADDRESS	1174 NW 13th St #1408	
CITY-ST-ZIP	BOCA RATON, FL 334862253		CITY-ST-ZIP	Boca Raton FL 33486-2253	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Erik Wold</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/12/2007 Daytime Phone # 561 706 3626		