


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90252 044 ****61.25

DOCUMENT # N99000004104					
1. Entity Name WEST BROWARD LODGE NO. 253, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business % ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202			Mailing Address % 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 59-0255597	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY C 220 N OCEAN ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD LAWRENCE TOBIN, JASON <input checked="" type="checkbox"/> Delete 1101 HILL CREST DR. HOLLYWOOD, FL 330217845				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD COHEN, IRA J <input checked="" type="checkbox"/> Delete 1056 NW 99TH AVE PLANTATION, FL 333224813				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLACK, PHILIP <input checked="" type="checkbox"/> Delete 18831 NW 2ND ST HOLLYWOOD, FL 330293278				
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	SD HEDDEN, JAMES E <input type="checkbox"/> Delete 20325 N.E. 13TH COURT NORTH MIAMI BEACH, FL 331795129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, GLENN G <input type="checkbox"/> Delete 430 N.W. 200TH AVENUE PEMBROKE PINES, FL 330293354				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Philip Andrew Slack 18831 NW 2nd St Pembroke Pines FL 33029-3278					
JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mitchell Ira Lieberman 1940 NW 35th St Oakland Park FL 33309-5748					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Scott Griffin 18372 NW 11th St Pembroke Pines FL 33029-367					
<input type="checkbox"/> Change <input checked="" 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 five empowered.					
SIGNATURE: <i>[Signature]</i>					
Date: 3-8-06 Daytime Phone #: 305 651-0456					