

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 022 ****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**

40044000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0255597

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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 ST
JACKSONVILLE, FL 32202**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DESTEFANO, JOSEPH A**
STREET ADDRESS **20061 NW 8TH ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 330293278**

TITLE **D** ☐ Delete
NAME **LIEBERMAN, MITCHELL**
STREET ADDRESS **1940 NW 35TH ST**
CITY-ST-ZIP **OAKLAND PARK, FL 333095748**

TITLE **SD** ☐ Delete
NAME **HEDDEN, JAMES E**
STREET ADDRESS **20325 N.E. 13TH COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 331795129**

TITLE **TD** ☐ Delete
NAME **GOMEZ, GLENN G**
STREET ADDRESS **430 N.W. 200TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES, FL 330293354**

TITLE **D** ☐ Delete
NAME **CHARTRAND, BRIAN M**
STREET ADDRESS **6936 SW 148TH LN**
CITY-ST-ZIP **DAVIE, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Carlos Miguel Hernandez**
STREET ADDRESS **11651 NW 32nd Manor**
CITY-ST-ZIP **Sunrise FL 33323-1313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-08 305 651 0756