

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10058** (1)

1. Corporation Name

**COCONUT GROVE LODGE NO. 258 FREE AND ACCEPTED MA  
SONS OF FLORIDA**



Principal Place of Business

Mailing Address

~~C/O WILLIAM G. WOLF~~  
220 OCEAN ST.  
JACKSONVILLE FL 32202

~~C/O WILLIAM G. WOLF~~  
220 OCEAN ST.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

4. FEI Number  
**23-7526491**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **000001766420  
-04/02/96--01061--001**

84 City **\*\*\*5083.75 FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-registering)

**2/16/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **WMD** ☐ DELETE  
NAME **ROSIER, ELISHA W JR**  
STREET ADDRESS **P.O. BOX 65-3602 N/A**  
CITY-ST-ZIP **MIAMI FL 33265-3602**

1.1 TITLE **WORSHIPFUL MASTER (D)**  
1.2 NAME **MICHAEL G EILAND**  
1.3 STREET ADDRESS **1420 ALGERIA AVE**  
1.4 CITY-ST-ZIP **CORAL GABLES FL 33134-2236**

TITLE **SWD** ☐ DELETE  
NAME **EILAND, MICHAEL G**  
STREET ADDRESS **1420 ALGERIA AVE**  
CITY-ST-ZIP **CORLA GABLES FL 33134-2263**

2.1 TITLE **SENIOR WARDEN (D)**  
2.2 NAME **HERMAN GONZALEZ**  
2.3 STREET ADDRESS **3830 N W 60TH CT.**  
2.4 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166-7**

TITLE **JWD** ☐ DELETE  
NAME **GONZALEZ, HERMAN**  
STREET ADDRESS **3830 N.W. 60TH CT.**  
CITY-ST-ZIP **VIRGINIA GARDENS FL 33166-7023**

3.1 TITLE **JUNIOR WARDEN (D)**  
3.2 NAME **CLAUDE WESLEY ROBERTS III**  
3.3 STREET ADDRESS **9520 S.W. 170TH TERR.**  
3.4 CITY-ST-ZIP **MIAMI FL 33157-4662**

TITLE **TD** ☐ DELETE  
NAME **FRIBERG, RICHARD E**  
STREET ADDRESS **7655 SW 83RD CTE**  
CITY-ST-ZIP **MIAMI FL 33143-3827**

4.1 TITLE **TREASURER (D)**  
4.2 NAME **RICHARD EDWARD FRIBERG**  
4.3 STREET ADDRESS **7655 SW 83RD CT**  
4.4 CITY-ST-ZIP **MIAMI FL 33143-3827**

TITLE **SD** ☐ DELETE  
NAME **GOEHRIG, DALE I**  
STREET ADDRESS **735 CREMONA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146-2016**

5.1 TITLE **SECRETARY (D)**  
5.2 NAME **DALE IRVIN GOEHRIG**  
5.3 STREET ADDRESS **735 CREMONA AVE**  
5.4 CITY-ST-ZIP **CORAL GABLES FL 33146-2016**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify, certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Michael G. Eiland**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-96** **904-354-2339**  
Date Daytime Phone #

CR2E037 (12/95)

4-2-1996