

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10058 (1)
1. Corporation Name
COCONUT GROVE LODGE NO. 258 FREE AND ACCEPTED MA SONS OF FLORIDA



Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/02/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 23-7526491	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
		84. City	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]* DATE: **2-3-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER <input checked="" type="checkbox"/>
NAME	EILAND, MICHEAL G	1.2 NAME	Herman Gonzalez
STREET ADDRESS	1420 ALGERIA AVE.	1.3 STREET ADDRESS	3830 N W 60th Ct.
CITY - ST - ZIP	CORAL GABLES FL 33134-2236	1.4 CITY - ST - ZIP	Virginia Gardens FL 33166-7023
TITLE	SWD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN <input checked="" type="checkbox"/>
NAME	GONZALEZ, HERMAN	2.2 NAME	Elisha Wesley Rosier Jr
STREET ADDRESS	3830 N W 60TH CT.	2.3 STREET ADDRESS	P O Box 65-3602 N/A
CITY - ST - ZIP	VIRGINIA GARDENS FL 33166-7	2.4 CITY - ST - ZIP	Miami FL 33265-3602
TITLE	JWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN <input checked="" type="checkbox"/>
NAME	ROBERTS, CLAUDE W III	3.2 NAME	John Robinson
STREET ADDRESS	8520 S.W. 170TH TERR.	3.3 STREET ADDRESS	10841 NE 11th Ct
CITY - ST - ZIP	MIAMI FL 33157-4662	3.4 CITY - ST - ZIP	Miami FL 33161-7309
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/>
NAME	FRIBERG, RICHARD E	4.2 NAME	Richard Edward Friberg
STREET ADDRESS	7655 SW 83RD CTE	4.3 STREET ADDRESS	7655 SW 83rd Ct
CITY - ST - ZIP	MIAMI FL 33143-3827	4.4 CITY - ST - ZIP	Miami FL 33143-3827
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input checked="" type="checkbox"/>
NAME	GOEHRIG, DALE I	5.2 NAME	Dale Irvin Goehrig
STREET ADDRESS	735 CREMONA AVE	5.3 STREET ADDRESS	735 Cremona Ave
CITY - ST - ZIP	CORAL GABLES FL 33146-2016	5.4 CITY - ST - ZIP	Coral Gables FL 33146-2016
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: *[Signature]* **DALE I. GOEHRIG** DATE: **2/17/97** DAYTIME PHONE: **305-381-6424**

CR2E037 (9/96)