

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202</b>	Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>06/30/1992</b>	
4. FEI Number <b>23-7526491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>800002486138</b>
83 <b>-04/13/98--01018--026</b>
84 City <b>***5083.75</b>
<b>FL</b> 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 **2/13/98**  
Signature of individual or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, HERMAN</b>	
STREET ADDRESS	<b>3830 NW 60TH CT</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSIER JR, ELISHA WESLEY</b>	
STREET ADDRESS	<b>PO BOX 65-3602 N/A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, JOHN</b>	
STREET ADDRESS	<b>10841 NE 11TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIBERG, RICHARD EDWARD</b>	
STREET ADDRESS	<b>7655 SW 83RD CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOEHRIG, DALE IRVIN</b>	
STREET ADDRESS	<b>735 CREMONA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. DIRECTORS IN 12**

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Homer Leroy Barton</b>	
1.3 STREET ADDRESS	<b>3110 Indiana St</b>	
1.4 CITY-ST-ZIP	<b>Miami Fl 33133-4413</b>	
2.1 TITLE	<b>SECRETARY (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dale Irvin Goehrig</b>	
2.3 STREET ADDRESS	<b>735 Cremona Ave</b>	
2.4 CITY-ST-ZIP	<b>Coral Gables Fl 33146-2016</b>	
3.1 TITLE	<b>SENIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John Robinson</b>	
3.3 STREET ADDRESS	<b>10841 NE 11th Ct</b>	
3.4 CITY-ST-ZIP	<b>Miami Fl 33161-7309</b>	
4.1 TITLE	<b>JUNIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John Maximillian Meyers</b>	
4.3 STREET ADDRESS	<b>6840 Sw 8th St D-407</b>	
4.4 CITY-ST-ZIP	<b>Miami FL 33144</b>	
5.1 TITLE	<b>TREASURER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Richard Edward Friberg</b>	
5.3 STREET ADDRESS	<b>7655 SW 83rd Ct</b>	
5.4 CITY-ST-ZIP	<b>Miami Fl 33143-3827</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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]* DATE **2/14/98** **205-381-6424**

CR2E037 (10/97)