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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10058

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/30/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7526491
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER (D) X
NAME	BARTON, HOMER LEROY	1.2 NAME	John Maximillian Meyers
STREET ADDRESS	3110 INDIANA ST	1.3 STREET ADDRESS	5797 S W 58TH TERR
CITY-ST-ZIP	MIAMI FL 33133-4413	1.4 CITY-ST-ZIP	S MIAMI FL 33143
TITLE	JWD	2.1 TITLE	SENIOR WARDEN (D) X
NAME	MAXMILLIAN MEYERS, JOHN	2.2 NAME	Randall Wayne Woodward
STREET ADDRESS	6840 SW 8TH ST D-407	2.3 STREET ADDRESS	3400 Pan American Dr
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	SWD	3.1 TITLE	JUNIOR WARDEN (D) X
NAME	ROBINSON, JOHN	3.2 NAME	Saul Mariano Montes-Bradley
STREET ADDRESS	10841 NE 11TH CT	3.3 STREET ADDRESS	1165 Fairfax Lane
CITY-ST-ZIP	MIAMI FL 33161-7309	3.4 CITY-ST-ZIP	Ft Lauderdale FL 33326
TITLE	TD	4.1 TITLE	SECRETARY (D) X
NAME	FRIBERG, RICHARD EDWARD	4.2 NAME	Herman Gonzalez
STREET ADDRESS	7655 SW 83RD CT	4.3 STREET ADDRESS	3830 N W 60th Ct.
CITY-ST-ZIP	MIAMI FL 33143-3827	4.4 CITY-ST-ZIP	Virginia Gardens FL 33166-7023
TITLE	SD	5.1 TITLE	
NAME	GOEHRIG, DALE IRVIN	5.2 NAME	
STREET ADDRESS	735 CREMONA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146-2016	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Herman Gonzalez* **HERMAN GONZALEZ 3-15-99 305-995-1963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)