


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91004 001 *1,715.00

DOCUMENT # C10058

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7526491**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	SWD ISSENBERG, RONALD SCOTT <input checked="" type="checkbox"/> Delete 1100 WEST AVE APT 1416 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD D'ASCOLI, ANTHONY F II <input checked="" type="checkbox"/> Delete 6315 SW 22 STREET MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD KORPELA, STUART E <input checked="" type="checkbox"/> Delete 3400 DAN AMERICAN DR MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, HERMAN <input type="checkbox"/> Delete 3830 NW 60TH CT VIRGINIA GARDENS FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIBERG, RICHARD E <input type="checkbox"/> Delete 7655 SW 83RD CT MIAMI FL 33143-3827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ronald Scott Isenberg 1100 West Ave Apt 1416 Miami Beach- FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anthony Francis D'Ascoli II 6315 S W 22ND ST MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jose Manuel Vega 25 S E 2ND AVE #410 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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. *Herman Gonzalez*

SIGNATURE: *Herman Gonzalez* **SIGNATURE REQUIRED** **3-3-03** **904-354-2339**

CR2E037 (10/02)