

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 # C10072 (2)

1. Corporation Name

UNIVERSAL LODGE NO. 178 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

C/O ROY CONNOR SHEPARD
220 OCEAN STREET
JACKSONVILLE FL 32202

Mailing Address

C/O ROY CONNOR SHEPARD
220 OCEAN STREET
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/09/1995

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

4.	FEI Number	Applied For
	59-1838921	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>	
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>	
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

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
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 617.013, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD RIERA, GASTON 1305 TUSCOLA RD. CLEARWATER FL 34616	1.1 TITLE WORSHIPFUL MASTER (D) 1.2 NAME JOSE D DIAZ 1.3 STREET ADDRESS P. O. BOX 344 N/A 1.4 CITY - ST - ZIP TAMPA FL 33601-0344
TITLE	SWD DIAZ, JOSE 23 SPANISH MAIN ST. TAMPA FL 33609-3534	2.1 TITLE SENIOR WARDEN (D) 2.2 NAME VESTAL VERO TATUM 2.3 STREET ADDRESS 814 W INDIANA AVE 2.4 CITY - ST - ZIP TAMPA FL 33603-4502
TITLE	JWD TAMAYO, MARIO RAMON 8212 SUNNYSLOPE DR. TAMPA FL 33615-2134	3.1 TITLE JUNIOR WARDEN (D) 3.2 NAME MARIO RAMON TAMAYO 3.3 STREET ADDRESS 8212 SUNNYSLOPE DR. 3.4 CITY - ST - ZIP TAMPA FL 33615-2134
TITLE	TD PEREZ, BASILIO 6207 S. HAROLD AVE. TAMPA FL 33616-2308	4.1 TITLE TREASURER (D) 4.2 NAME BASILIO PEREZ 4.3 STREET ADDRESS 6207 S HAROLD AVE 4.4 CITY - ST - ZIP TAMPA FL 33616-2308
TITLE	SD CALVO, CAMILO ANTHONY 1810 POLLOCK RD. LAKELAND FL 33813	5.1 TITLE SECRETARY (D) 5.2 NAME GASTON A RIERA 5.3 STREET ADDRESS 1305 TUSCOLA RD 5.4 CITY - ST - ZIP CLEARWATER FL 34616
TITLE		6.1 TITLE
TITLE		6.2 NAME
TITLE		6.3 STREET ADDRESS
TITLE		6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute a false statement. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

813-

620-1647

Date

Daytime Phone #

CR2E037 (12/95)