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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10072 (2)
 1. Corporation Name
UNIVERSAL LODGE NO. 178 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-1838921	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	RIERA, GASTON	
STREET ADDRESS	1305 TUSCOLA RD.	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	DIAZ, JOSE	
STREET ADDRESS	23 SPANISH MAIN ST.	
CITY-ST-ZIP	TAMPA FL 33609-3534	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	TAMAYO, MARIO RAMON	
STREET ADDRESS	8212 SUNNYSLOPE DR.	
CITY-ST-ZIP	TAMPA FL 33615-2134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEREZ, BASILIO	
STREET ADDRESS	6207 S. HAROLD AVE.	
CITY-ST-ZIP	TAMPA FL 33616-2308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALVO, CAMILO ANTHONY	
STREET ADDRESS	1810 POLLOCK RD.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIERA, GASTON A.	
STREET ADDRESS	1305 TUSCOLA ROAD	
CITY-ST-ZIP	CLEARWATER FL	

13. MEMBERS AND DIRECTORS IN 12

1.1T	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2N	Mario Ramon Tamayo	
1.3S	8212 Sunnyslope Dr.	
1.4C	Tampa Fl 33615	
2.1T	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2N	Basilio Perez	
2.3S	1709 N 22nd St	
2.4C	Tampa Fl 33605	
3.1T	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2I	Rinaldo Ramon Castillo Jr	
3.3S	6613 Twelve Oak Blvd	
3.4C	Tampa FL 33634	
4.1T	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	Jose D Diaz	
4.3	P. O. Box 344 N/A	
4.4	Tampa Fl 33601-0344	
5.1	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2I	Gaston A Riera	
5.3I	1305 Tuscola Rd	
5.4I	Clearwater FL 34616	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1I		
6.2I		
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: *Basilio Perez* **BASILIO PEREZ SEC.** DATE: **2/27/98** **837-5533**

CR2E037 (10/97)