

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90161 001 *5,083.75

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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 # C10072

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1838921
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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: N/A (NOTE: Registered Agent signature required when reinstating) DATE: N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	TAMAYO, MARIO R	1.2 NAME	Alfonso Garcia-Gaviria
STREET ADDRESS	8212 SUNNYSLOPE DR	1.3 STREET ADDRESS	13605 Cozy Pl
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	Tampa FL 33625
TITLE <input type="checkbox"/> DELETE	D	2.1 TITLE	
NAME <input checked="" type="checkbox"/>	DIAZ, JOSE D	2.2 NAME	
STREET ADDRESS	P O BOX 344 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601-0344	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	CASTILLO, RINALDO R JR	3.2 NAME	
STREET ADDRESS	6613 TWELVE OAK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	PEREZ, BASILIO	4.2 NAME	
STREET ADDRESS	1709 N 22ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	CALVO, CAMILO ANTHONY	5.2 NAME	
STREET ADDRESS	1810 POLLOCK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL 33813	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	RIERA, GASTON A.	6.2 NAME	
STREET ADDRESS	1305 TUSCOLA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	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: X Basilio Perez SIGNATURE REQUIRED: LIO PEREZ DATE: 3/6/99 DAYTIME PHONE #: 837-6533

CR2E037 (1/1/98)