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1998 MAR 25 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10317 (1)
1. Corporation Name
NORTH SHORE LODGE NO. 277 FREE AND ACCEPTED MASONS 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
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-1373376	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002469593-1
84 City -03726798-0108426000 ***5083 FL *****81 25

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	DEAGUINO, DILSON V	
STREET ADDRESS	18551 NE 10TH AVE.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162-3717	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	ALONSO, ELMY I	
STREET ADDRESS	2 N.E. 160TH STREET	
CITY-ST-ZIP	MIAMI FL 33182-2324	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	BERRY, LESTER L	
STREET ADDRESS	18425 S W 129TH CT.	
CITY-ST-ZIP	MIAMI FL 33177-3010	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARNETT, MARK M	
STREET ADDRESS	3667 NW 94TH AVE	
CITY-ST-ZIP	FT. LAUDERDAL FL 33351-6460	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAWES, JACK I	
STREET ADDRESS	1151 N. HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. SAND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Domingos Trofino	
1.3 STREET	1700 Daytona Rd	
1.4 CITY-S	Miami Beach FL 33141	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lester Lovell Berry	
2.3 STREET	18425 S W 129TH Ct	
2.4 CITY-	Miami FL 33177-3010	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Armando L Aquino	
3.3 STREET	17911 SW 27th St	
3.4 CITY-	Miramar FL 33026	
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacques Vogel	
4.3 STREET	4920 N 36th St	
4.4 CITY-	Hollywood Fl 33021	
5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Paul Burdelsky	
5.3 STREET	292 NE 150th St	
5.4 CITY-S	Miami Fl 33161-2957	<input type="checkbox"/> Change
6.1 TITLE		
6.2 NAME		
6.3 STREET A.		
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: *[Signature]* **LESTER L. BERRY SECRETARY 2/25/98 (305) 256-0216**

CR2E037 (10/97)

[Handwritten initials]
7/10/98
3/25/98