

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N94000003992 (4)**

1. Corporation Name

**HIALEAH-OPA-LOCKA LODGE NO. 391, INC. FREE AND A
ACCEPTED MASONS OF FLORIDA**

95 MAR -2 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001419982

-03/02/95--01109--001

***14950.00 ***130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

Principal Place of Business 150 W 20TH STREET HIALEAH FL 33010	Mailing Address 150 W 20TH STREET HIALEAH FL 33010
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent WOLF, WILLIAM G 220 OCEAN STREET JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent B1 Name: SHEPPARD, ROY CONNOR B2 Street: 220 OCEAN STREET B3 City: JACKSONVILLE FL 32202 B4 City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/6/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	WORSHIPFUL MASTER/D
STREET ADDRESS	STREET ADDRESS	1.2 NAME	WELLINGTON JAMES KNOWLES
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	5760 W 14TH AVE
TITLE	NAME	1.4 CITY-ST-ZIP	HIALEAH FL 33012-2217
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	SENIOR WARDEN/D
CITY-ST-ZIP	CITY-ST-ZIP	2.2 NAME	ARTHUR CLIFFORD SPITZER JR
TITLE	NAME	2.3 STREET ADDRESS	310 N.W. 93RD TRAIL
STREET ADDRESS	STREET ADDRESS	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
CITY-ST-ZIP	CITY-ST-ZIP	3.1 TITLE	JUNIOR WARDEN/D
TITLE	NAME	3.2 NAME	JOHN MARIO PECCHIAR
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	545 W. 12TH ST.
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	HIALEAH FL 33010-2905
TITLE	NAME	4.1 TITLE	TREASURER/D
STREET ADDRESS	STREET ADDRESS	4.2 NAME	WALTER ELMER GODSHALL
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	14215 NW 17TH AVE
TITLE	NAME	4.4 CITY-ST-ZIP	MIAMI FL 33167-1228
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	SECRETARY/D
CITY-ST-ZIP	CITY-ST-ZIP	5.2 NAME	OTIS LLOYD HUNDLEY
TITLE	NAME	5.3 STREET ADDRESS	285 W 54TH ST
STREET ADDRESS	STREET ADDRESS	5.4 CITY-ST-ZIP	HIALEAH FL 33012-2667
CITY-ST-ZIP	CITY-ST-ZIP	6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if applicable) or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2-3-95**

3/2/95 MSJ

2-3-95 305 888 2220