

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003992 (4)**
1. Corporation Name

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



Principal Place of Business: **150 W 20TH STREET HIALEAH FL 33010**
Mailing Address: **150 W 20TH STREET HIALEAH FL 33010**

3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report 03/02/1995
4. FEI Number APPLIED FOR	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	WMD KNOWLES, WELLINGTON J <input checked="" type="checkbox"/> DELETE
NAME	5760 W 14TH AVE.
STREET ADDRESS	HIALEAH FL 33012-2217
CITY-ST-ZIP	
TITLE	SWD SPITZER, ARTHUR C JR <input checked="" type="checkbox"/> DELETE
NAME	310 N.W. 93RD TRAIL
STREET ADDRESS	PEMBROKE PINES FL 33024
CITY-ST-ZIP	
TITLE	JWD PECCHAIR, JOHN M <input checked="" type="checkbox"/> DELETE
NAME	545 W 12TH ST.
STREET ADDRESS	HIALEAH FL 33010-2905
CITY-ST-ZIP	
TITLE	TD GODSHALL, WALTER E <input type="checkbox"/> DELETE
NAME	14215 NW 17TH AVE.
STREET ADDRESS	MIAMI FL 33167-1228
CITY-ST-ZIP	
TITLE	SD HUNDLEY, OTIS L <input checked="" type="checkbox"/> DELETE
NAME	285 W 64TH ST.
STREET ADDRESS	HIALEAH FL 33012-2667
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	WM Spitzer, Arthur C Jr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4982 SW 93 ave
1.3 STREET ADDRESS	Copper City, Fl. 33328
1.4 CITY-ST-ZIP	
2.1 TITLE	SWD Pecchair, John M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	545 W 12 st
2.3 STREET ADDRESS	Hialeah, Fl 33010-2905
2.4 CITY-ST-ZIP	
3.1 TITLE	JWD Petty, Robert L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	18520 NW 82 ave
3.3 STREET ADDRESS	Hialeah, Fl 33015
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD Faust, George C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	3421 E. 8th ct.
5.3 STREET ADDRESS	Hialeah, Fl 33013
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arthur C Spitzer* **2-7-96** 305-680-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)