


FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003992 (4)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**150 W 20TH STREET
HIALEAH FL 33010**

**150 W 20TH STREET
HIALEAH FL 33010-2612**



3. Date Incorporated or Qualified **08/15/1994** 3a. Date of Last Report **02/14/1996**

2. Principal Place of Business 21 **220 Ocean St** 2a. Mailing Address 26 **220 Ocean St**

Suite, Apt. #, etc.

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22 City & State **Jacksonville FL** 27 City & State **Jacksonville FL**

23 Zip **32202** Country 28 Zip **32202** Country

4. FEI Number **APPLIED FOR 65-0515896** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETTY, ROBERT L	
STREET ADDRESS	18520 NW 82 AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	SPITZER, ARTHUR C JR	
STREET ADDRESS	4982 SW 93 AVE/	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PECCHAI, JOHN M	
STREET ADDRESS	545 W 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GODSHALL, WALTER E	
STREET ADDRESS	14215 NW 17TH AVE.	
CITY-ST-ZIP	MIAMI FL 33167-1228	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FAUST, GEORGE C	
STREET ADDRESS	3421 E. 8TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CINMAN, BERNARDO	
1.3 STREET ADDRESS	15501 S.W. 144 CT.	
1.4 CITY-ST-ZIP	MIAMI FL. 33177	
2.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PECCHAI, JOHN M	
2.3 STREET ADDRESS	645 W. 12TH ST.	
2.4 CITY-ST-ZIP	HIALEAH FL 33010	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POCOCK, JOHN B.	
3.3 STREET ADDRESS	375 FALCON	
3.4 CITY-ST-ZIP	MIAMI SPRINGS FL. 33166	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FUTCH, HARRY B.	
4.3 STREET ADDRESS	PO BOX 820302	
4.4 CITY-ST-ZIP	SOUTH FLA, FL 33082	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUSSELL, DAVID J.	
5.3 STREET ADDRESS	931 E. 9TH CT.	
5.4 CITY-ST-ZIP	HIALEAH FL 33010	
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 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:  **HARRY B. FUTCH**

2/17/97 305-885-8225 954-433-7481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022773

CR2E037 (9/96)