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**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 A  
CCEPTED MASONS OF FLORIDA**



Principal Place of Business: 220 OCEAN ST. JACKSONVILLE FL 32202 US  
Mailing Address: 220 OCEAN ST. JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 08/15/1994  
4. FEI Number: 65-0515896  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-28) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

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 (81-85) fields for Name, Street Address, City, and 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 2-13-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	WORSHIPFUL MASTER (D) X
NAME	CINMAN, BERNARDO	1.2 NAME	John Byron Pocock
STREET ADDRESS	15501 S.W. 144 CT.	1.3 STREET ADDRESS	375 Falcon
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Springs FL 33166-4413
TITLE	M	2.1 TITLE	SECRETARY (D) X
NAME	PESCHAIR, JOHN M	2.2 NAME	Harry Benjamin Futch
STREET ADDRESS	545 W. 12TH ST.	2.3 STREET ADDRESS	P O Box 820302 N/A
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	South Florida FL 33082-0302
TITLE	SD	3.1 TITLE	SENIOR WARDEN (D)
NAME	POCOCK, JOHN B	3.2 NAME	Robert Lee Petty
STREET ADDRESS	375 FALCON	3.3 STREET ADDRESS	18520 NW 82nd Ave
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP	Hialeah FL 33015
TITLE	SD	4.1 TITLE	JUNIOR WARDEN (D)
NAME	FUTCH, HARRY B	4.2 NAME	Donald Lewis Waldron
STREET ADDRESS	PO BOX 820302	4.3 STREET ADDRESS	5414 NW 202nd Ter
CITY-ST-ZIP	SOUTH FLORIDA FL	4.4 CITY-ST-ZIP	Carol City FL 33055-4723
TITLE	TD	5.1 TITLE	TREASURER (D)
NAME	RUSSELL, DAVID J.	5.2 NAME	Wellington James Knowles
STREET ADDRESS	931 E. 9TH CT.	5.3 STREET ADDRESS	5760 W 14th Ave
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Hialeah FL 33012-2217
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: HARRY B. FUTCH *[Signature]* DATE: 03/10/98 954-433-7481

CR2E037 (10/97)

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