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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90161 001 *5,083.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003992

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/15/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0515896
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL
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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: N/A DATE: N/A

Signatur, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SWD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE WORSHIPFUL MASTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETTY, ROBERT LEE		1.2 NAME Robert Lee Petty	
STREET ADDRESS 18520 NW 82ND AVE		1.3 STREET ADDRESS 18520 NW 82nd Ave	
CITY-ST-ZIP HIALEAH FL 33015		1.4 CITY-ST-ZIP Hialeah FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE JWD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SENIOR WARDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALDRON, DONALD LEWIS		2.2 NAME Donald Lewis Waldron	
STREET ADDRESS 5414 NW 202ND TER		2.3 STREET ADDRESS 5414 NW 202nd Ter	
CITY-ST-ZIP CAROL CITY FL 33055-4723		2.4 CITY-ST-ZIP Carol City FL 33055-4723	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE WMD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POCOCK, JOHN BYRON		3.2 NAME Walter Charles Chirka	
STREET ADDRESS 375 FALCON		3.3 STREET ADDRESS 20333 N W 55th Ct #793	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI SPRINGS FL 33166-4413		3.4 CITY-ST-ZIP OPA Locka FL 33055	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME BENJAMIN FUTCH, HARRY		4.2 NAME	
STREET ADDRESS PO BOX 820302 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0302		4.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES KNOWLES, WELLINGTON		5.2 NAME	
STREET ADDRESS 5760 W 14TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33012-2217		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: X HARRY B. FUTCH 3/4/99 305 885-8225

SIGNATURE REQUIRED HARRY B. FUTCH 3/4/99 305 885-8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)