2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # N9400003992 HIALEAH-OPA-LOCKA LODGE NO. 391, INC. FREE AND A 03-15-2000 90138 001 *8,207.50 Mailing Address Principal Place of Business 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202-3218 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-05 15896 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** RECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. WORSHIPFUL MASTER (D) Change WMD ☐ Addition Delete TITLE TITLE Donald Lewis Waldron NAME PETTY, ROBERT LEE NAME STREET ADDR 5414 NW 202Nd Ter STREET ADDRESS 18520 NW 82ND AVE 33055-4723 CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33015 Carol City Fl ☐ Addition Change SWD TITLE **D**elete TITLE (D)SENIOR WARDEN WALDRON, DONALD LEWIS NAME NAME Richard Louis Benton STREET ADDREST STREET ADDRESS 5414 NW 202ND TER 7750 NW 175th St CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33055-4723 Hialean FL 33015 Change ☐ Addition TITLE Delete TITLE TREASURER (D) NAME CHIPKA, WALTER C NAME STREET ADDRESS John Byron Pocock STREET ADDRESS 20333 N.W. 55TH CT, #793 CITY-ST-ZIP 375 Falcon CITY-ST-ZIP OPALOCKA FL 33059 Midmi Springs F1 33166-44130 ☐ Addition TITLE SD ☐ Defete TITLE BENJAMIN FUTCH, HARRY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 820302 N/A CITY-ST-ZIP CITY-ST-ZIP SOUTH FLORIDA FL 33082-0302 Addition ☐ Delete TITLE Change TITLE JUNIOR WARDEN NAME Garry Wayne Miller STREET ADDRESS STREET ADDRESS 430 SW 133rd Ave CITY-ST-ZIP CITY-ST-ZIP Davie F1 33325 Change ☐ Addition De ete TITLE TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/00

365 885-8225

Davtime Phone #