

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90117 001 *1,408.75

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DOCUMENT # N94000003992

1. Entity 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0515896	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD BENTON, RICHARD L 7750 NW 175 ST HIALEAH FL 33015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD PETTY, ROBERT L 18520 NW 82 AV HIALEAH FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POCOCK, JOHN B 375 FALCON MIAMI FL 33166-4413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENJAMIN FUTCH, HARRY PO BOX 820302 N/A SOUTH FLORIDA FL 33082-0302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD LAZO, ESTEBAN 1225 W 49 PL 4 HIALEAH FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Lee Petty 18520 NW 82nd Ave Hialeah FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Esteban Lazo 1225 W 49th Place, #4 Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mario John Petchiar 179 W 9TH ST # 4E HIALEAH FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *HARRY B. FUTCH* DATE: *Sec. 03/17/02* DAYTIME PHONE #: *305 885 9225*

CR2E037 (9/01)