


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90216 040 ****61.25

DOCUMENT # N94000003992

1. Entity Name
HIALEAH-OPA-LOCKA LODGE NO. 391, INC. FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business
**220 OCEAN ST.
 JACKSONVILLE, FL 32202 US**

Mailing Address
**220 OCEAN ST.
 JACKSONVILLE, FL 32202 US**

24069511



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0515896

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME SWD PECCHIAR, MARIO J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 179 W 9 STREET, #4E	
CITY-ST-ZIP HIALEAH, FL 33010	
TITLE NAME JWD HENDRICKS, WALLACE F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS PO BOX 4905	
CITY-ST-ZIP HIALEAH, FL 33014	
TITLE NAME TD ROMAN, ANTHONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10417 NW 129TH ST.	
CITY-ST-ZIP HIALEAH GARDENS, FL 33018	
TITLE NAME SD BENJAMIN FUTCH, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS PO BOX 820302 N/A	
CITY-ST-ZIP SOUTH FLORIDA, FL 330820302	
TITLE NAME WMD LAZO, ESTEBAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1225 W 49 PL 4	
CITY-ST-ZIP HIALEAH, FL 33012	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME WORSHIPFUL MASTER (D) Wallace Floyd Hendricks	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P O Box 4905 N/A	
CITY-ST-ZIP Hialeah FL 33014-4905	
TITLE NAME SENIOR WARDEN (D) George Washington Patton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2310 N 67th Terrace	
CITY-ST-ZIP Hollywood FL 33024-3909	
TITLE NAME JUNIOR WARDEN (D) Joseph Patrick Morgan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9021 N W 15END ST	
CITY-ST-ZIP MIAMI LAKES FL 33016-1381	
TITLE NAME Treasurer (D) Lazo, Esteban	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1225 W 49 Place No.4	
CITY-ST-ZIP Hialeah, FL 33012	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *X Harry Benjamin Futch* **Harry Benjamin Futch**, 04/04/04 954 433 7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #