



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90314 025 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent				4. FEI Number 65-0515896	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				Applied For Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name				City	
Street Address (P.O. Box Number is Not Acceptable)				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON PATTON, GEORGE		NAME	Joseph Patrick Morgan	
STREET ADDRESS	2310 N. 67TH TERRACE		STREET ADDRESS	1690 W 56th St #1310	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	Hialeah FL 33012-7389	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOSEPH PATRICK		NAME	Vincent Gonzalez	
STREET ADDRESS	9021 NW 152ND STREET		STREET ADDRESS	10990 SW 63rd Ter	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	Miami FL 33173-1152	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, VINCENT		NAME	Wallace Floyd Hendricks	
STREET ADDRESS	10990 SW 63RD TERRACE		STREET ADDRESS	P O Box 4905 N/A	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Hialeah FL 33014-4905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN FUTCH, HARRY		NAME		
STREET ADDRESS	PO BOX 820302 N/A		STREET ADDRESS		
CITY-ST-ZIP	SOUTH FLORIDA, FL 330820302		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEBAN, LAZO		NAME		
STREET ADDRESS	1225 W 49 PLACE NO 4		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Harry B. Futch</u>		HARRY B. FUTCH		03/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 305-885-8226	