

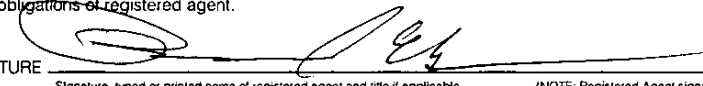
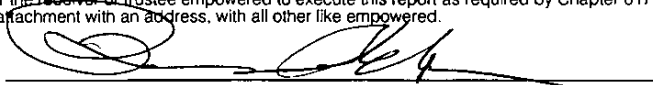


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 027 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0515896	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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 			4/30/08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	D	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER (G) / OFFICERS AND DIRECTORS IN 10		
NAME	HARDISSON, JOHN		John Hardisson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5411 W 4TH LANE		5411 W 4th Ln		
CITY-ST-ZIP	HIALEAH, FL 330127369		Hialeah FL 33012-2535		
TITLE	D	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, VINCENT		Shawn Christopher Anderson		
STREET ADDRESS	10990 SW 63RD TER		17030 NW 82nd Ave		
CITY-ST-ZIP	MIAMI, FL 331731152		Hialeah FL 33015-3702		
TITLE	D	<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDERSON, SHAWN C		Felix H Quinones		
STREET ADDRESS	17030 NW 82ND AVE		1195 NW 124th Path		
CITY-ST-ZIP	HIALEAH, FL 33015		Miami FL 33182-2469		
TITLE	SD	<input type="checkbox"/> Delete	NAME		
NAME	BENJAMIN FUTCH, HARRY		STREET ADDRESS		
STREET ADDRESS	PO BOX 820302 N/A		CITY-ST-ZIP		
CITY-ST-ZIP	SOUTH FLORIDA, FL 330820302				
TITLE	T	<input type="checkbox"/> Delete	TITLE		
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		
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: 			4/30/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		