

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10317 (1)

1. Corporation Name

NORTH SHORE LODGE NO. 277 FREE AND ACCEPTED MASO
NS OF FLORIDA



Principal Place of Business

Mailing Address

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 Roy Connor Sheppard	26 Roy Connor Sheppard
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number	Applied For
59-1373376	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Roy Connor Sheppard

(NOTE: Registered Agent signature required when reinstating)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	WMD	ASBELL, WAYNE A	10851 SW 42ND PL	
		DAVIE FL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	SWD	BICKFORD, IRVING L	8631 PASADENA BLVD	
		PEMBROKE PINES FL 33024-3333		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	JWD	DEAQUINO, DILSON V	723 N.W. 139TH ST	
		MIAMI FL 33168-2915		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	TD	BARNETT, MARK M	3667 NW 94TH AVE	
		FT. LAUDERDAL FL 33351-6460		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	SD	DAWES, JACK I	1151 N. HIATUS RD	
		PEMBROKE PINES FL 33026-3034		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

WORSHIPFUL MASTER (D)
DILSON V DEAQUINO
16551 NE 10TH AVE
N MIAMI BEACH FL 33162-3717

SENIOR WARDEN (D)
ELMY IVAN ALONSO
2 N.E. 160TH STREET
MIAMI FL 33162-2324

JUNIOR WARDEN (D)
LESTER LAVELL BERRY JR
18425 S W 129TH CT
MIAMI FL 33177-3010

TREASURER (D)
MARK MARVIN BARNETT
3667 NW 94TH AVE
SUNRISE FL 33351-6460
SECRETARY (D)
I. JACK DAWES
1151 N HIATUS RD
PEMBROKE PINES FL 33026-3034

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as a statement of financial condition. I certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

2-1996