FILE NOW: FILING FEE IS $61.25

FILED
Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/02/1996

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

4. FEI Number: 59-1373376 ☐ Applied For ☐ 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

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

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: [signature] 2-3-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13.
TITLE	WMD	☐ DELETE	1.1 TITLE
NAME	DEAQUINO, DILSON V		1.2 NAME
STREET ADDRESS	16551 NE 10TH AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP	N MIAMI BEACH FL 33162-3717		1.4 CITY-ST-ZIP
TITLE	SWD	☐ DELETE	2.1 TITLE
NAME	ALONSO, ELMY I		2.2 NAME
STREET ADDRESS	2 N.E. 160TH STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33162-2324		2.4 CITY-ST-ZIP
TITLE	JWD	☐ DELETE	3.1 TITLE
NAME	BERRY, LESTER L		3.2 NAME
STREET ADDRESS	18425 S W 129TH CT.		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33177-3010		3.4 CITY-ST-ZIP
TITLE	TD	☐ DELETE	4.1 TITLE
NAME	BARNETT, MARK M		4.2 NAME
STREET ADDRESS	3667 NW 94TH AVE		4.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDAL FL 33351-6460		4.4 CITY-ST-ZIP
TITLE	SD	☐ DELETE	5.1 TITLE
NAME	DAWES, JACK I		5.2 NAME
STREET ADDRESS	1151 N. HIATUS RD		5.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3034		5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

WORSHIPFUL MASTER D
Lester Lavell Berry
18425 S W 129Th Ct
Miami FL 33177-3010
SENIOR WARDEN D
Domingos Trofino
940 South Shore Dr
Miami Beach FL 33141
JUNIOR WARDEN D
Alderico G Oliveira
1202 Columbus Blvd
Coral Gables FL 33134
TREASURER D
Leo Caldas Jr
449 W McNab Rd #10
Pompano FL 33060
SECRETARY D
I. Jack Dawes
1151 N Hiatus Rd
Pembroke Pines Fl 33026-3034

CR2E037 (9/96)

14. I do 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 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] LESTER L. BERRY W.M. REQUIRED 2-11-97 305-256-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number