


FILE NOW: FILING FEE IS \$61.25

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1998 MAR 25 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10317 (1)
1. Corporation Name NORTH SHORE LODGE NO. 277 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-1373376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 300002469593-1 84 City -03/25/98-0108425-0001 ***5083 FL *****81.25

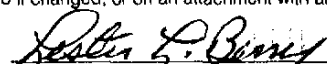
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **2/13/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD DEAQUINO, DILSON V 16551 NE 10TH AVE. N MIAMI BEACH FL 33162-3717 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD ALONSO, ELMY I 2 N.E. 160TH STREET MIAMI FL 33162-2324 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BERRY, LESTER L 18425 S W 129TH CT. MIAMI FL 33177-3010 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNETT, MARK M 3667 NW 94TH AVE FT. LAUDERDAL FL 33351-6460 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAWES, JACK I 1151 N. HIATUS RD PEMBROKE PINES FL 33026-3034 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. SAND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	WORSHIPFUL MASTER (D) Domingos Trofino 1700 Daytona Rd Miami Beach FL 33141
2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	SECRETARY (D) Lester Lovell Berry 18425 S W 129TH CT Miami FL 33177-3010
3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	SENIOR WARDEN (D) Armando L Aquino 17911 SW 27th St Miramar FL 33026
4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	JUNIOR WARDEN (D) Jacques Vogel 4920 N 36th St Hollywood FL 33021
5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	TREASURER (D) Paul Burdelsky 292 NE 150th St Miami FL 33161-2957
6.1 TITLE 6.2 NAME 6.3 STREET A. 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:  **LESTER L. BERRY SECRETARY 2/25/98 (305) 256-0216**

CR2E037 (10/97)