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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10317

1. Corporation Name

NORTH SHORE LODGE NO. 277 FREE AND ACCEPTED MASO NS 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/30/1992

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

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

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	TROFINO, DOMINGOS	
STREET ADDRESS	1700 DAYTONA RD	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, LESTER L	
STREET ADDRESS	18425 SW 129TH CT	
CITY-ST-ZIP	MIAMI FL 33177-3010	

TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	AQUINO, ARMANDO L	
STREET ADDRESS	17911 SW 27TH ST	
CITY-ST-ZIP	MIRAMAR FL 33026	

TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, JACQUES	
STREET ADDRESS	4920 N. 36TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BURDELSKY, PAUL	
STREET ADDRESS	292 NE 150TH ST	
CITY-ST-ZIP	MIAMI FL 33161-2957	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Armando L Aquino	
1.3 STREET ADDRESS	17911 SW 27th St	
1.4 CITY-ST-ZIP	MIRAMAR FL 33026	

2.1 TITLE	SENIOR WARDEN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jacques Vogel	
2.3 STREET ADDRESS	4920 N 36th St	
2.4 CITY-ST-ZIP	Hollywood FL 33021	

3.1 TITLE	JUNIOR WARDEN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ricardo Parente	
3.3 STREET ADDRESS	7525 E Treasure Dr #3 E	
3.4 CITY-ST-ZIP	N Bay Village FL 33141	

4.1 TITLE	SECRETARY	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jeffrey Carl Awe	
4.3 STREET ADDRESS	35 NE 3 St	
4.4 CITY-ST-ZIP	Diana FL 33004	

5.1 TITLE	TREASURER	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gyorgy Halas	
5.3 STREET ADDRESS	10245 COLLINS AVE APT 100	
5.4 CITY-ST-ZIP	BAL HARBOR FL 33154	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated, 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY C. AWE (954) 986-0996
 3/15/99
 SECRETARY

CR2E037 (11/98)