FILED Mar 13, 2008 8:00 am Secretary of State

~2008	NOT-FOR-PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT # C10072 1. Entity Name UNIVERSAL LODGE NO. 178 FREE AND ACCEPTED MASONS OF FLORIDA					03-13-2008 90036 005 ****61.25						
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072008 _C	hg-NP	CR2E037 (12	2/06)			
City & State		City & State			4. FEI Number 23-7526446				lied For Applicable		
Zip	Country	Zip	Zip Country						5 Additional Required		
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. Name and Add	iress of New R	egistered Agent	~			
220 OCEA	D, ROY CONNOR N STREET VILLE, FL 32202	220 Oc	Richard Edward Ocean Street Sonville, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
Filing Fee is \$61.25 . 9. Election Campaign Financing Due by May 1, 2008 Trust Fund Contribution.					\$5.00 May Be Added to Fees		lake check pay Ida Departmen		te , th		
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECT	ORS IN 1	0		
TITLE	D G ORDILLO, FELIX	☐ Delete	TITLE NAME					Change	Addition		
STREET ADDRESS				s							
TITLE	JWD	∠ Delete	TITLE	+ SEN	IOR WARDE	ΞM	(D) ((D)	Change	Addition		
NAME GONZALEZ, ORLANDO R		•	NAME		Orlando R Gonzalez				_		
STREET ADDRESS CITY-ST-ZIP	12235 RONALD ST SPRING HILL, FL 346092051	AUTU AT 70B			2235 Ronald St						
TITLE	WMD	Delete			ing_Hill_ SHIPFUL 1			Change	Addition		
NAME	NAVAS, ALFREDO M	Descio	NAME	-1		MADIEK Pez	(0)		~		
STREET ADDRESS				s Sec		LD AVE					
CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 337062629			HAT -	PA-FL 33	<u> 516-230</u>	<u> </u>	Change	☐ Addition		
NAME NAME	TD RIERA, GASTON A	☐ Delete	TITLE NAME		- · <u>-</u>			Manye	Audition		
STREET ADDRESS	1305 TUSCOLA ROAD		STREET ADDRES	s							
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	11.12.1	ean NYOKE	- F.1	(D)- 				
title Name	SWD OLGUIN, JOSE F	X Delete	TITLE NAME		IOR WARDE fino Lop		.m. □(Change	Addition		
STREET ADDRESS	14909 STAG RUN CIRCLE		STREET ADDRES	. — — —				•			
CITY-ST-ZIP	LUTZ, FL 335593100		CITY-ST-ZIP		nt_Reten		<u>L 33710</u>	<u>-151</u>	.7.		
TITLE		Delete		1.				Change	Addition		
NAME CTREET ADORGO			NAME STREET ADDRES								
STREET ADDRÉSS CITY-ST-ZIP			CITY-ST-ZIP	~							
12. I hereby certify that the information supplied with this filing does no 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 exempted 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 addiese, with all other the empowered. SIGNATURE: 3-4-08 8/3-223-382/											
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #											