

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003992

**Entity Name:** HIALEAH-OPA-LOCKA LODGE NO. 391, INC. FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Jan 31, 2017**  
**Secretary of State**  
**CC3228357098**

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E, LYNN  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

**FEI Number: 65-0515896**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OFFICER  
Name ZEQUEIRA, ALEJANDRO  
Address 3319 SW 181ST TERRACE  
City-State-Zip: MIRAMAR FL 33029

Title TREASURER  
Name ANDERSON, SHAWN C  
Address 5011 NW 191ST STREET  
City-State-Zip: OPALOCKA FL 33055

Title SECRETARY  
Name LAZO, ESTEBAN  
Address P. O. BOX 110430  
City-State-Zip: HIALEAH FL 33011

Title OFFICER  
Name LAZARO, JAMES  
Address 10730 SW 147TH CT  
City-State-Zip: MIAMI FL 33196

Title PRESIDENT  
Name RILEY, CHAUNCY A  
Address 2112 NW 61ST ST  
City-State-Zip: MIAMI FL 33142

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ESTEBAN LAZO**

**SECRETARY**

**01/31/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date