

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003992

**FILED**  
**Feb 09, 2014**  
**Secretary of State**  
**CC2349264991**

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

**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 DIRECTOR  
Name GAMBARTE, ALTER  
Address 2347 N/E 172ND STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33170

Title PRESIDENT  
Name ANDERSON, SHAWN  
Address 5011 N/W 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 TREASURER  
Name FUTCH, HARRY B  
Address P. O. BOX 820302  
City-State-Zip: SOUTH FLORIDA FL 33082

Title DIRECTOR  
Name SAVINON, MIGUEL A  
Address 10201 S/W 37TH TERRACE  
City-State-Zip: MIAMI FL 33165

*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**

**02/09/2014**

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

\_\_\_\_\_  
Date