


FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719691 (8) 1. Corporation Name ATLANTIC COAST LODGE #466 F. & A. M. INC. (PHA)					
Principal Place of Business MIAMI, FLORIDA			Mailing Address C/O DANIEL A. COX 1977 N. W. 55TH STREET MIAMI, FL. 33142		
2. Principal Place of Business 21 MIAMI, FLORIDA Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 11-16-1970 4. FEI Number 59-2722370 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 checked="" 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 checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent COX, DANIEL A. 1977 N. W. 55th STREET MIAMI, FL. 33142			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE P <input checked="" type="checkbox"/> DELETE NAME BROWN, WILLIE B. STREET ADDRESS 1860 N.E. 142 STREET #2R CITY - ST - ZIP NORTH MIAMI, FL. 33184		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WILLIE B. BROWN 1.3 STREET ADDRESS 19221 N.E. 10 AVE Apt. 522 1.4 CITY - ST - ZIP MIAMI, FLORIDA 33179			
TITLE VP <input type="checkbox"/> DELETE NAME HEMPHILL, LACY STREET ADDRESS 1340 N.W. 95th STREET #232 CITY - ST - ZIP MIAMI, FL. 33147		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE S <input type="checkbox"/> DELETE NAME EASON, JACOB STREET ADDRESS 19301 N.W. 37TH COURT CITY - ST - ZIP CAROL CITY, FL. 33055		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
TITLE D <input type="checkbox"/> DELETE NAME COX, DANIEL A. STREET ADDRESS 1977 N.W. 55TH STREET CITY - ST - ZIP MIAMI, FL. 33142		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
TITLE D <input type="checkbox"/> DELETE NAME McKINNEY, CALVIN STREET ADDRESS 1550 N.W. 51ST STREET CITY - ST - ZIP MIAMI, FL. 33142		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE D <input type="checkbox"/> DELETE NAME CHARLES, OTIS STREET ADDRESS 8720 N.W. 14TH AVE. CITY - ST - ZIP MIAMI, FL. 33147		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
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: Daniel A. Cox DANIEL A. COX - R.A 02-4-98 305-635-8783 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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