

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10035** (9)

1. Corporation Name

**MIAMI TEMPLE LODGE NO. 247 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business

Mailing Address

C/O WILLIAM G WOLF  
220 OCEAN ST  
JACKSONVILLE FL 32202

C/O WILLIAM G WOLF  
220 OCEAN ST  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **03/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

4. FEI Number **59-6140299** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **00000179400**  
83 **04/15/96--C1020--039**  
**\*\*\*1286.25**  
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

*[Signature]*

**2/16/96**

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICHARD, HENRY E</b>	
STREET ADDRESS	<b>75 EAST 50TH PLACE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORALES, UVIEL R</b>	
STREET ADDRESS	<b>910 SW 62ND AVE.</b>	
CITY-ST-ZIP	<b>WEST MIAMI FL 33144-4806</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>PERKINS, JAMES C</b>	
STREET ADDRESS	<b>300 SW 84TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144-2026</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, DOUGLAS W</b>	
STREET ADDRESS	<b>601 TAMiami CANAL RD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144-2550</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, JOHN E</b>	
STREET ADDRESS	<b>9070 SW 69TH TER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173-2448</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>UVIEL ROMAN MORALES</b>
1.3 STREET ADDRESS	<b>901 S W 62ND AVE</b>
1.4 CITY-ST-ZIP	<b>WEST MIAMI FL 33144-4806</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>JAMES CARL PERKINS</b>
2.3 STREET ADDRESS	<b>300 SW 84TH AVE</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33144-2026</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>NORBERTO CONCEPCION</b>
3.3 STREET ADDRESS	<b>12655 SW 190TH TER</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33177-3835</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>DOUGLAS WAYNE MORRIS</b>
4.3 STREET ADDRESS	<b>601 TAMiami CANAL RD</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33144-2550</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>JOHN EDWARD GARDNER</b>
5.3 STREET ADDRESS	<b>9070 SW 69TH TER</b>
5.4 CITY-ST-ZIP	<b>MIAMI FL 33173-2448</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**05 4/14/96**