

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 MAS
ONS 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-6140299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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)

000001779400

83

-04/15/96--01020--039

84 City

*****1286.25**

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]

(NOTE: Registered Agent signature required when reinstating)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)
UVEL ROMAN MORALES
901 S W 62ND AVE
WEST MIAMI FL 33144-4806**

**SENIOR WARDEN (D)
JAMES CARL PERKINS
300 SW 84TH AVE
MIAMI FL 33144-2026**

**JUNIOR WARDEN (D)
NORBERTO CONCEPCION
12655 SW 190TH TER
MIAMI FL 33177-3835**

**TREASURER (D)
DOUGLAS WAYNE MORRIS
601 TAMiami CANAL RD
MIAMI FL 33144-2550**

**SECRETARY (D)
JOHN EDWARD GARDNER
9070 SW 69TH TER
MIAMI FL 33173-2448**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PS 4/14/96