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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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)

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE JWD
NAME CONCEPCION, NORBERTO
STREET ADDRESS 12655 SW 190TH TER
CITY-ST-ZIP MIAMI FL 33177-3835

1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME James Carl Perkins
1.3 STREET ADDRESS 300 SW 84TH Ave
1.4 CITY-ST-ZIP Miami FL 33144-2026

TITLE WMD
NAME MORALES, UMIEL R
STREET ADDRESS 901 S.W. 62ND AVE
CITY-ST-ZIP WEST MIAMI FL 33144-4808

2.1 TITLE SENIOR WARDEN D
2.2 NAME Norberto Concepcion
2.3 STREET ADDRESS 12655 SW 190TH Ter
2.4 CITY-ST-ZIP Miami FL 33177-3835

TITLE JWD
NAME PERKINS, JAMES C
STREET ADDRESS 300 SW 84TH AVE.
CITY-ST-ZIP MIAMI FL 33144-2026

3.1 TITLE JUNIOR WARDEN D
3.2 NAME Vincent Gonzalez
3.3 STREET ADDRESS 10990 SW 63RD Ter
3.4 CITY-ST-ZIP Miami FL 33173-1152

TITLE TD
NAME MORRIS, DOUGLAS W
STREET ADDRESS 601 TAMAMI CANAL RD.
CITY-ST-ZIP MIAMI FL 33144-2550

4.1 TITLE TREASURER D
4.2 NAME Douglas Wayne Morris
4.3 STREET ADDRESS 601 Tamiami Canal Rd
4.4 CITY-ST-ZIP Miami FL 33144-2550

TITLE SD
NAME GARDNER, JOHN E
STREET ADDRESS 9070 SW 69TH TER
CITY-ST-ZIP MIAMI FL 33173-2448

5.1 TITLE SECRETARY D
5.2 NAME John Edward Gardner
5.3 STREET ADDRESS 9070 SW 69TH Ter
5.4 CITY-ST-ZIP Miami FL 33173-2448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do 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.

James C. Perkins

904-

354-7339

CR2E037 (9/96)