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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10035

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-6140299

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 JACKSONVILLE FL 32202

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

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	CONCEPCION, NORBERTO	
STREET ADDRESS	12655 SW 190TH TER	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	RUBIO, JOSE	
STREET ADDRESS	13463 S WW 66TH TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERKOWITZ, SOL	
STREET ADDRESS	20337 NE 2ND AVE APT 121	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	WMD	<input type="checkbox"/> DELETE
NAME	GARDNER, JOHN EDWARD	
STREET ADDRESS	9070 SW 69TH TER	
CITY-ST-ZIP	MIAMI FL 33173-2448	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRICHARD, HENRY EDWARD	
STREET ADDRESS	75 EAST 50TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mauricio J Barreto	
1.3 STREET ADDRESS	15723 SW 92 St	
1.4 CITY-ST-ZIP	Miami FL 33196	
2.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSE RUBIO	
2.3 STREET ADDRESS	13463 S WW 66th Terr	
2.4 CITY-ST-ZIP	MIAMI FL 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Douglas Wayne Morris	
3.3 STREET ADDRESS	601 Tamiami Canal Rd	
3.4 CITY-ST-ZIP	Miami FL 33144-2550	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: *[Signature]* 3-24-99 (205) 921-8938
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)