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Secretary of State

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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # C10035

1. Corporation Name

**MIAMI TEMPLE LODGE NO. 247 FREE AND ACCEPTED MAS
 ONS 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.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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
 Trust Fund Contribution

☐ \$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

12. OFFICERS AND DIRECTORS

TITLE **SWD** ☒ DELETE
 NAME **CONCEPCION, NORBERTO**
 STREET ADDRESS **12655 SW 190TH TER**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **SWD** ☒ DELETE
 NAME ☒ **RUBIO, JOSE**
 STREET ADDRESS **13463 S WW 66TH TERR**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **TD** ☒ DELETE
 NAME **BERKOWITZ, SOL**
 STREET ADDRESS **20337 NE 2ND AVE APT 121**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **WMD** ☐ DELETE
 NAME ☒ **GARDNER, JOHN EDWARD**
 STREET ADDRESS **9070 SW 69TH TER**
 CITY-ST-ZIP **MIAMI FL 33173-2448**

TITLE **SD** ☐ DELETE
 NAME ☒ **PRICHARD, HENRY EDWARD**
 STREET ADDRESS **75 EAST 50TH PLACE**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **JUNIOR WARDEN** (D) ☒ Change ☐ 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) ☒ Change ☐ Addition
 2.2 NAME **JOSE RUBIO**
 2.3 STREET ADDRESS **13463 S WW 66Th Terr**
 2.4 CITY-ST-ZIP **Miami FL 33183**

3.1 TITLE **TREASURER** (D) ☒ Change ☐ Addition
 3.2 NAME **Douglas Wayne Morris**
 3.3 STREET ADDRESS **601 Tamiami Canal Rd**
 3.4 CITY-ST-ZIP **Miami FL 33144-2550**

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-99 (305) 921-8938

CR2E037 (11/98)