

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **C10042** (5)

1. Corporation Name

**PALMA VISTA LODGE NO. 205 FREE AND ACCEPTED MA S  
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  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**  
Suite, Apt. #, etc.

26 **ROY CONNOR SHEPPARD**  
Suite, Apt. #, etc.

4. FEI Number

**59-2694060**

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

22 City & State

27 City & State

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

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]*  
Signature of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/16/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **WMD**  
STREET ADDRESS **NENETH, RALPH L**  
CITY-ST-ZIP **30041 S.W. 148TH CT.  
LEISURE CITY FL 33033-3824**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **RIKER, ROBERT D**  
CITY-ST-ZIP **12730 SW 255TH TER  
PRINCETON FL**

TITLE ☐ DELETE  
NAME **SWD**  
STREET ADDRESS **WILLIAMS, GARY E**  
CITY-ST-ZIP **12006 FLICKER WAY  
COOPER CITY FL 33026**

TITLE ☐ DELETE  
NAME **JWD**  
STREET ADDRESS **ROTHSTEIN, ROBERT J**  
CITY-ST-ZIP **9495 DOMINICAN DRIVE  
MIAMI FL 33189-1617**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **LEE, MILO V**  
CITY-ST-ZIP **9710 SW 189TH ST.  
MIAMI FL 33157-7841**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)  
GARY ELLIS WILLIAMS  
12006 FLICKER WAY  
COOPER CITY FL 33026**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**SENIOR WARDEN (D)  
ROBERT JACK ROTHSTEIN  
9495 DOMINICAN DR  
MIAMI FL 33189-1617**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**JUNIOR WARDEN (D)  
ROBERT ROARK JR  
26621 S W 122ND CT  
HOMESTEAD FL 33032**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**TREASURER (D)  
MILO VERNUS LEE  
9710 SW 189TH ST  
MIAMI FL 33157-7841**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**SECRETARY (D)  
ROBERT DAVID RIKER  
12730 SW 255TH TER  
PRINCETON FL 33032-5767**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT D. RIKER, PM, Sec'y** **2/22/96**

Date

Daytime Phone

**305  
471-2264**

CH2E037 (12/95)