

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 SONS 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
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2. Principal Place of Business	2a. Mailing Address
21 ROY CONNOR SHEPPARD	26 ROY CONNOR SHEPPARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number 59-2694060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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)
	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]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D)
NAME	NENETH, RALPH L	1.2 NAME	GARY ELLIS WILLIAMS
STREET ADDRESS	30041 S.W. 148TH CT.	1.3 STREET ADDRESS	12006 FLICKER WAY
CITY-ST-ZIP	LEISURE CITY FL 33033-3824	1.4 CITY-ST-ZIP	COOPER CITY FL 33026
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	RIKER, ROBERT D	2.2 NAME	SENIOR WARDEN (D)
STREET ADDRESS	12730 SW 255TH TER	2.3 STREET ADDRESS	ROBERT JACK ROTHSTEIN
CITY-ST-ZIP	PRINCETON FL	2.4 CITY-ST-ZIP	9495 DOMINICAN DR
TITLE	SWD <input type="checkbox"/> DELETE	3.1 TITLE	MIAMI FL 33189-1617
NAME	WILLIAMS, GARY E	3.2 NAME	
STREET ADDRESS	12006 FLICKER WAY	3.3 STREET ADDRESS	JUNIOR WARDEN (D)
CITY-ST-ZIP	COOPER CITY FL 33026	3.4 CITY-ST-ZIP	ROBERT ROARK JR
TITLE	JWD <input type="checkbox"/> DELETE	4.1 TITLE	26621 S W 122ND CT
NAME	ROTHSTEIN, ROBERT J	4.2 NAME	HOMESTEAD FL 33032
STREET ADDRESS	9495 DOMINICAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189-1617	4.4 CITY-ST-ZIP	TREASURER (D)
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	MILO VERNUS LEE
NAME	LEE, MILO V	5.2 NAME	9710 SW 189TH ST
STREET ADDRESS	9710 SW 189TH ST.	5.3 STREET ADDRESS	MIAMI FL 33157-7841
CITY-ST-ZIP	MIAMI FL 33157-7841	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SECRETARY (D)
NAME		6.2 NAME	ROBERT DAVID RIKER
STREET ADDRESS		6.3 STREET ADDRESS	12730 SW 255TH TER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PRINCETON FL 33032-5767

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee. 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.

SIGNATURE: *[Signature]* ROBERT D. RIKER, PM, Sec'y DATE: **2/22/96** DAYTIME PHONE: **305 471-2264**

CH2E037 (12/95)