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Mar 24 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 # C10042 (5)

1. Corporation Name

PALMA VISTA LODGE NO. 205 FREE AND ACCEPTED MA S ONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3216 US

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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: [signature] 2-3-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	NENETH, RALPH L		1.2 NAME	Robert Jack Rothstein
STREET ADDRESS	30041 S.W. 148TH CT.		1.3 STREET ADDRESS	9495 Dominican Dr
CITY-ST-ZIP	LEISURE CITY FL 33033-3824		1.4 CITY-ST-ZIP	Miami Fl 33189-1617
TITLE	SD	☐ DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	RIKER, ROBERT D		2.2 NAME	Milo Vernus Lee
STREET ADDRESS	12730 SW 255TH TER		2.3 STREET ADDRESS	9710 SW 189Th St
CITY-ST-ZIP	PRINCETON FL		2.4 CITY-ST-ZIP	Miami Fl 33157-7841
TITLE	MD	☐ DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	WILLIAMS, GARY E		3.2 NAME	Charles Richard Reisinger
STREET ADDRESS	12006 FLICKER WAY		3.3 STREET ADDRESS	15811 SW 99Th Ave
CITY-ST-ZIP	COOPER CITY FL		3.4 CITY-ST-ZIP	Miami Fl 33157-1718
TITLE	SD	☐ DELETE	4.1 TITLE	TREASURER D
NAME	ROTHSTEIN, ROBERT J		4.2 NAME	Gary Ellis Williams
STREET ADDRESS	9495 DOMINICAN DRIVE		4.3 STREET ADDRESS	12600 Flicker Way
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Cooper City Fl 33026
TITLE	TD	☐ DELETE	5.1 TITLE	SECRETARY D
NAME	LEE, MILO V		5.2 NAME	Robert David Riker
STREET ADDRESS	9710 SW 189TH ST.		5.3 STREET ADDRESS	12730 SW 255Th Ter
CITY-ST-ZIP	MIAMI FL 33157-7841		5.4 CITY-ST-ZIP	Princeton Fl 33032-5767
TITLE	D	☐ DELETE	6.1 TITLE	
NAME	ROARK, ROBERT JR		6.2 NAME	
STREET ADDRESS	26621 SW 122ND CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		6.4 CITY-ST-ZIP	

CREVISED (9/96)

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.

SIGNATURE: [signature] Robert D. Riker 3/3/97 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0004340