

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001476348  
-05/04/95--01122-001  
\*\*\*3541-25 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **C10124 (1)**  
1. Corporation Name  
**OLETTA LODGE NO. 145 FREE AND ACCEPTED MASONS 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 **04/29/1994**  
4. FEI Number **23-7215289** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for interstate tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
WOLF, WILLIAM G  
220 OCEAN STREET  
JACKSONVILLE FL 32202  
10. Name and Address of New Registered Agent  
81 Name  
82 SHEPPARD, ROY CONNOR  
83 220 OCEAN STREET  
84 JACKSONVILLE FL 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 607.505, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER <i>17</i>
NAME	RATHBURN, GARY R	1.2 NAME	SAMUEL TRAMEL HENSHEY
STREET ADDRESS	600 RAVEN AVENUE	1.3 STREET ADDRESS	709 CURTIS PARKWAY #14
CITY - ST - ZIP	MIAMI SPRINGS FL	1.4 CITY - ST - ZIP	MIAMI SPRINGS FL 33166
TITLE	S	2.1 TITLE	SENIOR WARDEN <i>17</i>
NAME	COLLARD, FENTON W	2.2 NAME	BLAS PELLON
STREET ADDRESS	6260 NW 39TH TERRACE	2.3 STREET ADDRESS	3121 SW 23RD ST
CITY - ST - ZIP	MIAMI SPRINGS FL	2.4 CITY - ST - ZIP	MIAMI FL 33145-3117
TITLE	SW	3.1 TITLE	JUNIOR WARDEN <i>17</i>
NAME	HENSHEY, SAMUEL T	3.2 NAME	GORDON H FINEBERG
STREET ADDRESS	709 CURTIS PARKWAY #14	3.3 STREET ADDRESS	6601 S.W. 116TH CT
CITY - ST - ZIP	MIAMI SPRINGS FL	3.4 CITY - ST - ZIP	MIAMI FL 33173
TITLE	JW	4.1 TITLE	TREASURER <i>17</i>
NAME	PALENZUELA, ANTONIO M	4.2 NAME	GUILLERMO M.P. UBIETA
STREET ADDRESS	7351 S.W. 39TH ST	4.3 STREET ADDRESS	2320 WEST 68TH ST.
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	HAIALEAH FL 33016-1806
TITLE	T	5.1 TITLE	SECRETARY <i>17</i>
NAME	UBIETA, GUILLERMO M	5.2 NAME	FENTON WILLIAM COLLARD
STREET ADDRESS	2320 WEST 68TH ST	5.3 STREET ADDRESS	6260 NW 39TH TERRACE
CITY - ST - ZIP	HAIALEAH FL	5.4 CITY - ST - ZIP	MIAMI SPRINGS FL 33166-7078
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 automatic waiver of sections 607.0502 and 607.1508, Florida Statutes. I do hereby 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]* DATE: **3/28/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SAMUEL HENSHEY**  
Type Name: **305-872-1263**

*[Handwritten initials]*