

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 # **C10124 (1)**
1. Corporation Name

OLETTA LODGE NO. 145 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address
~~C/O WILLIAM S WOLF~~ C/O WILLIAM S WOLF
220 OCEAN ST 220 OCEAN ST
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **05/01/1995**

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 Zip Country
24 25 29 30

4. FEI Number **23-7215289** 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)
000001766300
83 **-04702796--01061--001**
*****5083.75**
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 *Roy Connor Sheppard* (NOTE: Registered Agent Signature required when registering) DATE **2/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D)
NAME	HENSHEY, SAMUEL TRAMEL	1.2 NAME	BLAS PELLON
STREET ADDRESS	709 CURTIS PARKWAY #14	1.3 STREET ADDRESS	3121 SW 23RD ST
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33145-3117
TITLE	SWD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D)
NAME	PELLON, BLAS	2.2 NAME	GORDON H FINEBERG
STREET ADDRESS	3121 SW 23RD ST.	2.3 STREET ADDRESS	6601 S.W. 116TH CT
CITY-ST-ZIP	MIAMI FL 33145-3117	2.4 CITY-ST-ZIP	MIAMI FL 33173
TITLE	JWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D)
NAME	FINEBERG, GORDON H	3.2 NAME	ALEXANDER SUAREZ
STREET ADDRESS	6601 S.W. 116TH CT.	3.3 STREET ADDRESS	5340 SW 143RD CT
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER (D)
NAME	UBIETA, GUILLERMO M	4.2 NAME	GARY RAY RATHBURN
STREET ADDRESS	2320 WEST 68TH ST.	4.3 STREET ADDRESS	600 RAVEN AVENUE
CITY-ST-ZIP	HIALEAH FL 33016-1806	4.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166-3953
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY (D)
NAME	COLLARD, FENTON WILLIAM	5.2 NAME	FENTON WILLIAM COLLARD
STREET ADDRESS	6260 NW 39TH TERRACE	5.3 STREET ADDRESS	6260 NW 39TH TERRACE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-7078	5.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166-7078
TITLE	<input type="checkbox"/> DELETE	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, in any way, 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: *Fenton W Collard* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3-4-96** Daytime Phone #: **305-971-1887**

CR2E037 (12/95)