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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 # C10124 (1)

1. Corporation Name

OLETTA LODGE NO. 145 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

23-7215289

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Zip

Country

Zip

Country

24

25

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME PELLON, BLAS
STREET ADDRESS 3121 SW 23RD ST
CITY-ST-ZIP MIAMI FL 33145-3117

11 TITLE WORSHIPFUL MASTER D
12 NAME Gordon H Fineberg
13 STREET ADDRESS 6601 SW 116th Ct #105
14 CITY-ST-ZIP Miami FL 33173

TITLE D DELETE
NAME FINEBERG, GORDON
STREET ADDRESS 6601 S.W. 116TH CT
CITY-ST-ZIP MIAMI FL 33173

21 TITLE SENIOR WARDEN D
22 NAME Alexander Suarez
23 STREET ADDRESS 5340 SW 143rd Ct
24 CITY-ST-ZIP Miami FL 33175

TITLE D DELETE
NAME SUAREZ, ALEXANDER
STREET ADDRESS 5340 SW 143RD CT
CITY-ST-ZIP MIAMI FL 33175

31 TITLE JUNIOR WARDEN D
32 NAME Michael Charles Green
33 STREET ADDRESS 9133 SW 72nd Ave Apt J-1
34 CITY-ST-ZIP Miami FL 33156-1634

TITLE DT DELETE
NAME RATHBURN, GARY R
STREET ADDRESS 600 RAVEN AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166-3953

41 TITLE TREASURER D
42 NAME Gary Ray Rathburn
43 STREET ADDRESS 600 Raven Avenue
44 CITY-ST-ZIP Miami Springs FL 33166-3953

TITLE DS DELETE
NAME COLLARD, FENTON W
STREET ADDRESS 6260 NW 39TH TERRACE
CITY-ST-ZIP MIAMI SPRINGS FL 33166-7078

51 TITLE SECRETARY D
52 NAME Fenton William Collard
53 STREET ADDRESS 6260 NW 39th Terrace
54 CITY-ST-ZIP Miami Springs FL 33166-7078

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

Gordon H. Fineberg

Gordon H. Fineberg

Date

Daytime Phone 8004165

904-354-2339

2-22-97

CR2E037 (9/96)