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FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified
06/30/1992

4. FEI Number **23-7215289**

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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)
4000012486154

83 City State Zip Code
MIAMI FL 33175

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINEBERG, GORDON H	
STREET ADDRESS	6601 SW 116TH CT #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUAREZ, ALEXANDER	
STREET ADDRESS	5340 SW 143RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, MICHAEL CHARLE	
STREET ADDRESS	9133 SW 72ND AVE APT J-1	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RATHBURN, GARY RAY	
STREET ADDRESS	600 RAVEN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 53	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLARD, FENTON WILLIAM	
STREET ADDRESS	6260 NW 39TH TERRACE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. WORSHIPFUL MASTER (D) **CHANGERS AND DIRECTORS IN 12**

1.1 Alexander Suarez Change Addition

1.2 5340 SW 143rd Ct

1.3 Miami FL 33175

1.4 SECRETARY (D) Change Addition

2.1 Samuel Tramel Henshey

2.2 145 S Royal Poinciana Bly

2.3 Miami Springs FL 33166

2.4 SENIOR WARDEN (D) Change Addition

3.1 Michael Charles Green

3.2 9133 SW 72 Avenue

3.3 Miami FL 33156

3.4 JUNIOR WARDEN (D) Change Addition

4.1 Joseph Manuel Arrese

4.2 8997 S.W. 143rd Ct.

4.3 Miami FL 33175

4.4 TREASURER (D) Change Addition

5.1 Gary Ray Rathburn

5.2 600 Raven Avenue

5.3 Miami Springs FL 33166

5.4 Change Addition

6.1

6.2

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PE 4.10

14. I 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: *Samuel Henshey* DATE: **2/27/98** DAYTIME PHONE #: **305-526-7326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)