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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C10124

1. Corporation Name

OLETA LODGE NO. 145 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

06/30/1992

4. FEI Number

23-7215289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

N/A

N/A

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

TITLE  DELETE

NAME ✓ SD HENSHEY, SAMUEL TRAMEL  
STREET ADDRESS 145 S ROYAL POINCIANA BLV  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE  DELETE

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

TITLE  DELETE

NAME SWD CHARLES GREEN, MICHAEL  
STREET ADDRESS 9133 SW 72ND AVE  
CITY-ST-ZIP MIAMI FL 33156

TITLE  DELETE

NAME ✓ TD RATHBURN, GARY RAY  
STREET ADDRESS 600 RAVEN AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE  DELETE

NAME JWD ARRESE, JOSEPH MANUEL  
STREET ADDRESS 8997 SW 143RD CT  
CITY-ST-ZIP MIAMI FL 33175

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME WORSHIPFUL MASTER (D)  
1.3 STREET ADDRESS Michael Charles Green  
1.4 CITY-ST-ZIP 9133 SW 72 Avenue  
Miami FL 33156

2.1 TITLE  Change  Addition

2.2 NAME JUNIOR WARDEN (D)  
2.3 STREET ADDRESS Herman Jake Roudenbush  
2.4 CITY-ST-ZIP 191 W 15th  
Hialeah FL 33010

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 3/3/99 904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)