

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90111 001 *5,390.00

DOCUMENT # C10124

1. Corporation Name

OLEETA 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 ☐

Trust Fund Contribution

\$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)

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

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

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

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

3.1 TITLE
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)