

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90444 001 ***735.00

DOCUMENT # C10124

1. Entity Name
OLEETA LODGE NO. 145 FREE AND
ACCEPTED MASONS OF FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ROY CONNOR SHEPPARD
Suite, Apt. #, etc.
220 OCEAN STREET N
City & State
JACKSONVILLE FL

3. Mailing Address
ROY CONNOR SHEPPARD
Suite, Apt. #, etc.
220 OCEAN STREET N
City & State
JACKSONVILLE FL

44002211

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7215289** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **ROY CONNOR SHEPPARD**
Street Address (P.O. Box Number is Not Acceptable)
220 OCEAN STREET N.
City **JACKSONVILLE FL** Zip Code **32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) RAUL SANCHEZ 7160 N. W. 173RD ST. MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) STEVEN Q. STEELE P O BOX 661371 N/A MIAMI, FL 33266-1371	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) MICHAEL GREEN 145 S. ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Green, Sec* **4/30/03** **305-883-7255**

CR2F037R (12/02)