

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10166** (2)

1. Corporation Name

**WEST DADE LODGE NO. 388 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business

Mailing Address

~~C/O WILLIAM G WOLF~~  
220 OCEAN ST.  
JACKSONVILLE FL 32202

~~C/O WILLIAM G WOLF~~  
220 OCEAN ST.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**03/21/1995**

21. Principal Place of Business  
**Roy Connor Sheppard**

2a. Mailing Address  
**Roy Connor Sheppard**

4. FEI Number  
**65-0227035**

Applied For  
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State

28. City & State

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

24. Zip

29. Zip

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 officer 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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

*2/16/96*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEITES, JOSE A</b>	
STREET ADDRESS	<b>11050 S.W. 128TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186-4706</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOGGETT, THADDEUS H</b>	
STREET ADDRESS	<b>10728 NW 2ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, MARTIN P</b>	
STREET ADDRESS	<b>1110 S.W. 101ST. AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>WENDT, DONALD M</b>	
STREET ADDRESS	<b>16320 S.W. 109TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157-2814</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, JOSEPH J</b>	
STREET ADDRESS	<b>14240 S.W. 79TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158-1523</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>DONALD MARVIN WENDT</b>
1.3 STREET ADDRESS	<b>16320 S.W. 109TH AVE.</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33157-2814</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>MANUEL WAYNE DIAZ</b>
2.3 STREET ADDRESS	<b>11220 S W 93RD STREET</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33176-1160</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>JOSE DAMIAN FARINA</b>
3.3 STREET ADDRESS	<b>8850 S.W. 82ND ST.</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33173-4128</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>JOSEPH MICHAEL MARTIN</b>
4.3 STREET ADDRESS	<b>14240 SW 79TH CT</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33158-1523</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>THADDEUS HILL DOGGETT</b>
5.3 STREET ADDRESS	<b>10728 NW 2ND AVE</b>
5.4 CITY-ST-ZIP	<b>MIAMI FL 33169-4301</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as a certified copy; 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD M WENDT**

FEB 27 1996 (305) 253-2835  
Date Daytime Phone #

CR2E037 (12/95)