

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10166** (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US**

**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218  
US**



3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>65-0227035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 for the corporation and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

**2-3-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
WMD	FLEITES, JOSE A	WORSHIPFUL MASTER	D
11050 S.W. 128TH AVENUE		Manuel Wayne Diaz	
MIAMI FL 33186-4706	<input checked="" type="checkbox"/> DELETE	11220 S W 93rd Street	
CITY - ST - ZIP		Miami FL 33176-1160	
TITLE	NAME	SENIOR WARDEN	JUNIOR WARDEN
SD	DOGGETT, THADDEUS H	Ramon Manuel Ramirez	
10728 NW 2ND AVE		19471 N.W. 60th Ct.	
MIAMI FL	<input checked="" type="checkbox"/> DELETE	Hialeah FL 33015-4833	
CITY - ST - ZIP		SENIOR WARDEN	
TITLE	NAME	JOSE FARINA	
SWD	GARCIA, MARTIN P	8850 SW 82 Street	
1110 S.W. 101ST. AVE.		MIAMI FL 33173-4128	
MIAMI FL 33174	<input checked="" type="checkbox"/> DELETE	TREASURER	D
CITY - ST - ZIP		Joseph Michael Martin	
TITLE	NAME	14240 SW 79th Ct	
JWD	WENDT, DONALD M	Miami FL 33158-1523	
16320 S.W. 109TH AVE.		SECRETARY	D
MIAMI FL 33157-2814	<input checked="" type="checkbox"/> DELETE	Thaddeus Hill Doggett	
CITY - ST - ZIP		10728 NW 2ND AVE	
TITLE	NAME	Miami FL 33168-4301	
TD	MARTIN, JOSEPH J		
14240 S.W. 79TH CT.			
MIAMI FL 33158-1523	<input checked="" type="checkbox"/> DELETE		
CITY - ST - ZIP			
TITLE	NAME		
SD	DOGETT, THADDEUS HILL		
10728 NW 2ND AVENUE			
MIAMI FL	<input checked="" type="checkbox"/> DELETE		
CITY - ST - ZIP			

14. I do 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/97** **904-354-2339**  
Date Daytime Phone

0004200