

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992		
4. FEI Number 65-0227035	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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	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: *[Signature]* DATE: **2-13-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MAUEL WAYNE	1.2 NAME	Jose Damian Farina
STREET ADDRESS	11220 SW 93RD ST	1.3 STREET ADDRESS	8850 S.W. 82Nd St.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33173-4128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RAMON MANUEL	2.2 NAME	Clarke G Warne
STREET ADDRESS	19471 NW 60TH CT	2.3 STREET ADDRESS	7865 SW 125th St
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Miami FL 33156-6058 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARINA, JOSE	3.2 NAME	Hector Mirabile
STREET ADDRESS	8850 SW 82 ST	3.3 STREET ADDRESS	14516 SW 95th Lane
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOSEPH MICHAEL	4.2 NAME	Michael Joseph Alicea
STREET ADDRESS	142240 SW 79TH CT	4.3 STREET ADDRESS	5433 N W 184Th St
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOGGETT, THADDEUS HILL	5.2 NAME	Joseph Michael Martin
STREET ADDRESS	10728 NW 2ND AVE	5.3 STREET ADDRESS	14240 SW 79th Ct
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami FL 33158-1523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* DATE: **2/24/98** (305) 253-1499

CR2E037 (1097)