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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # C10166

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0227035	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired [X]	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees

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 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_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _N/A_ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ✓ SD NAME WARNE, CLARKE G STREET ADDRESS 7865 SW 125TH ST CITY-ST-ZIP MIAMI FL 33156-6058 [ ] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP — WORSHIPFUL MASTER (D) Manuel Wayne Diaz 11220 S W 93rd Street Miami Fl 33176-1160 [X] Change [ ] Addition
TITLE D NAME MIRABILE, HECTOR STREET ADDRESS 14516 SW 95TH LN CITY-ST-ZIP HIALEAH FL 33186 [X] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP — JUNIOR WARDEN (D) David G Gonzalez 1900 S W 23Rd St Miami Fl 33145 [X] Change [ ] Addition
TITLE D NAME FARUNA, JOSE D STREET ADDRESS 8850 SW 82 ST CITY-ST-ZIP MIAMI FL 33173-4128 [X] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE ✓ D NAME MARTIN, JOSEPH MICHAEL STREET ADDRESS 14240 SW 79TH CT CITY-ST-ZIP MIAMI FL 33158-1523 [ ] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE ✓ D NAME ALICEA, MICHAEL J STREET ADDRESS 5433 NW 184TH ST CITY-ST-ZIP MIAMI FL 33055 [ ] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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 _Clarke G. Warne_ CLARKE G. WARNE, Secretary ~~REQUIRED~~   3/8/99   (305) 233-1499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E037 (11/98)