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Apr 10 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 # **C10167** (0)

1. Corporation Name

DADE LODGE NO. 14 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	Mailing Address C/O 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

23-7109183

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **000002436190**

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAYNE M OWEN, JR.	
STREET ADDRESS	3314 NORTHSIDE DRIVE, #111	
CITY-ST-ZIP	KEY WEST FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	V. MANCINI	
STREET ADDRESS	P. O. BOX 1494	
CITY-ST-ZIP	KEY WEST FL 33041-1494	

TITLE	D	<input type="checkbox"/> DELETE
NAME	C. S. CASEY	
STREET ADDRESS	3930 S. ROOSEVELT BLVD, #N207	
CITY-ST-ZIP	KEY WEST FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILDER, JAMES H	
STREET ADDRESS	5300 MACDONALD AVE.	
CITY-ST-ZIP	KEY WEST FL 33040-5878	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRY MCDONALD WILLIAMS JR.	
STREET ADDRESS	1118 PETRONIA ST.	
CITY-ST-ZIP	KEY WEST FL 33040-7172	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Charles Steven Casey	
1.3 STREET ADDRESS	3930 S Roosevelt Blvd	
1.4 CITY-ST-ZIP	Key West FL 33040	

2.1 TITLE	SECRETARY (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	James Hilary Wilder	
2.3 STREET ADDRESS	5300 MacDonald Ave.	
2.4 CITY-ST-ZIP	Key West FL 33040-5878	Change <input type="checkbox"/> Addition <input type="checkbox"/>

3.1 TITLE	SENIOR WARDEN (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Michael Anthony Davila	
3.3 STREET ADDRESS	1709 Bahama Dr	
3.4 CITY-ST-ZIP	Key West FL 33040	Change <input type="checkbox"/> Addition <input type="checkbox"/>

4.1 TITLE	JUNIOR WARDEN (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	Stephen Splaine Isherwood	
4.3 STREET ADDRESS	1207 16th Terracer	
4.4 CITY-ST-ZIP	Key West FL 33040-4281	Change <input type="checkbox"/> Addition <input type="checkbox"/>

5.1 TITLE	TREASURER (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Harry McDonald Williams Jr	
5.3 STREET ADDRESS	1118 Petronia St	
5.4 CITY-ST-ZIP	Key West FL 33040-7172	Change <input type="checkbox"/> Addition <input type="checkbox"/>

6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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: *James H. Wilder*

Mar 14 1998

CR2E037 (10/97)