FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C10167

1. Corporation Name

DADE LODGE NO. 14 FREE AND ACCEPTED MASONS OF FL

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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

26

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90112 001 *4,838.75



Applied For

3. Date Incorporated or Qualifed

06/30/1992

4. FEI Number

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City & Ste	nto .	City & State					\$8.75 A		
City & Sta	alo	28				5. Certifcate of Status Desired	Fee Re	-	
23 Zip	Country	Zip		Country		6. Election Campaign Financing	\$5.00	May Be	
— ·	25	29	30			Trust Fund Contribution	Added to	•	
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name		·		
CUEDDADO, DÓV CONNOD						Address (D.O. Boy Number in Not Acceptable)			
SHEPPARD, ROY CONNOR 220 OCEAN ST				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32202				83					
JACKSUI	NVILLE PL 32202						leal we	· ·	
				84	City	F	85 Zip C	ode	
11 Dureuso	at to the provisions of Sections 617 0502	and 617 1508. Flori	da Statutes, th	he above	-named c	corporation submits this statement for the purpose	of changing its	registered	
office or	registered agent, or both, in the State of	Florida, Such chan	ge was author	rized by '	the corpor	ration's board of directors. I hereby accept the app	ointment as reg	gistered	
agent. I	am familiar with, and accept the obligatio	ns of, Section 617.	ubus, Flonda i	otatutes.	•	11/1	1		
SIGNATURE	Sloveshum, haved or crinted name of recreased bosons a	nd title if applicable	(NOTE: Regis	stered Appen	t signature rec	guired when reinstating) DATE	<u> </u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re- 12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS		R\$ IN 12	
TITLE	SWD		ELETE	1.1 TITLE	1	WORSHIPFUL MASTER (C	Change	Additio	
NAME G	ANTHONY DAVILA MICHAEL	7	-	1.2 NAME		Michael Anthony Davil			
STREET ADDRES				1.3 STREET	ADDRESS	1709 Bahama Dr	· 택,#		
CITY-ST-ZIP	KEY WEST FL 33040			1.4 CITY-ST			•		
TITLE	WMD SQELETE			2.1 TITLE		Key West FL 33040	Change	Additio	
NAME	CASEY, CHARLES STEVEN					SENIOR WARDEN (C) (
STREET ADDRESS				2.3 STREET	ADDRESS	Vincent Mancini	i		
	KEY WEST FL 33040			2.4 CITY-S		P.O. Box 1494 N/A	3°		
TITLE	SD SOELETE			3.1 TITLE			∴ Change	☐ Additio	
NAME	WILDER, JAMES HILARY	-		3.2 NAME	- 1				
	***** *** **** ****			3.3 STREET	ADDRESS))		
STREET ADDRES	KEY WEST FL 33040-5878	· · · -		3.4: CITY-S		Robert Leonard Rothm	٠, چ	·	
CITY-ST-ZIP	TD			4.1 TITLE		138 W Shore Dr	Change	Additio	
NAME	HARRY MCDONALD WILLIAMS JI			4. 2 NAME	1	Summerland Key FL 33	042	γ	
		1.		4.3 STREET	ADDRESS	SECRETARY (E			
STREET ADDRES	KEY WEST FL 33040-7172			4.4 CITY-\$1	1		an and	-	
CITY-ST-ZIP TITLE	JWD	\\ n		5.1 TITLE	1-6-11	Richard Raleigh Whide	hange	Additio	
NAME	SPLAINE ISHERWOOD, STEPHEN	\sim	52 N			2001 Fogarty Ave	(in the second	, ,	
		•		5.3 STREET	ADDRESS	Key West F1 33040-37	igst 1	· · ·	
STREET ADDRES	KEY WEST FL 33040-4281		1	5.4 CITY-ST			47.		
	RET WEST PL.\$3(14)1-4281			6.1 TITLE		<u> </u>	Change	Additio	
CITY-ST-ZIP	TALL VIEGO TE GOOTS TEST	[] ע			1	·		_	
TITLE	MET WEST TO GOOD IEST	□ 0		6.2 NAME	- 1				
TITLE NAME		□ 0]	6.2 NAME	r ADDRESS				
TITLE				6.2 NAME 6.3 STREET 6.4 CITY-ST					

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.