

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90048 040 ****61.25

DOCUMENT # C10167

1. Entity 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

14003461



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7109183

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME WM
STREET ADDRESS FRAGA, CHARLES D
CITY-ST-ZIP 2914 FLAGLER AVE.
KEY WEST, FL 33040 ☒ Delete

TITLE JUNIOR WARDEN (D) ☐ Change ☒ Addition
NAME Antonio Estenoz III
STREET ADDRESS 2508 Flagler Ave
CITY-ST-ZIP Key West FL 33040-3935 ☐ Change ☐ Addition

TITLE
NAME WMD
STREET ADDRESS HEMMELGAN, WILLIAM J
CITY-ST-ZIP 3224 HARRIET AVE.
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME SWD
STREET ADDRESS HAWANITZ, TRACY G
CITY-ST-ZIP 809 ASHE ST.
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS DAVILA, MICHAEL A
CITY-ST-ZIP 1709 BAHAMA DRIVE
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS DAVILA, GREGORY D
CITY-ST-ZIP 2505 FLAGLER AVE.
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory D. Davila GREGORY D. DAVILA, SEC. 4/7/04 305-243-8554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #