




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90176 031 \*\*\*\*61.25

<b>DOCUMENT # C10167</b> 1. Entity Name <b>DADE LODGE NO. 14 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business		3. Mailing Address		  03232005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number <b>23-7109183</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JW ESTENOZ, ANTONIO III 2508 FLAGLER AVE KEY WEST, FL 330403935</b>	<b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD HEMMEGAN, WILLIAM J 3224 HARRIET AVE. KEY WEST, FL 33040</b>	<b>Tracy Gordon Howanitz 809 Ashe St Key West FL 33040-7114</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD HAWANITZ, TRACY G 809 ASHE ST. KEY WEST, FL 33040</b>	<b>SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DAVILA, MICHAEL A 1709 BAHAMA DRIVE KEY WEST, FL 33040</b>	<b>Antonio Escenoz III 2508 Flagler Ave Key West FL 33040-3935</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVILA, GREGORY D 2505 FLAGLER AVE. KEY WEST, FL 33040</b>	<b>JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DAVILA, MICHAEL A 1709 BAHAMA DRIVE KEY WEST, FL 33040</b>	<b>Edward M Perez 318 Ave A Key West FL 33040-5513</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVILA, GREGORY D 2505 FLAGLER AVE. KEY WEST, FL 33040</b>	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVILA, GREGORY D 2505 FLAGLER AVE. KEY WEST, FL 33040</b>	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:  GREGORY D. DAVILA</b>					
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					