FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEVARTMENTOF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name c10182

| GOLDEN GLADES LODGE NO. 334 FREE AND ACCEPTED MASONS OF FLORIDA | | | | | | | | |
|--|---|--|------------------------------------|---------------------------------|--|-----------------------------------|---|---|
| Principal Place of Business Mailing Address | | | | | | | | |
| ĉ/o : | Roy Conno | or Sheppa | rd | same | | | | |
| 220 Ocean Street | | | | | | | | |
| Jacksonville, FL 32202 | | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | | | 06/30/1992 | 1995 | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FÉI Number | Applied For |
| 21 | | | 26 | | | | 23-7109074 | Not Applicable |
| | Suite, Apt. #, etc | | | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | | 28 | | | | Trust Fund Contribution | Added to Fees |
| Žφ | Cour 25 | <i>'</i> ⊢ | Z1p | 30 | Country | | 8. This corporation has liability for in Florida Statutes | intangible tax under s 199 032. Yes No |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| | 9. Haine and Add | ness of Content it | gistores Agein | | 81 | Name | | |
| SHEPPARD, ROY CONNOR | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 220 OCEAN STREET | | | | | 82) Street Address (P.O. Box Number is Not Acceptable) | | | |
| JACKSONVILLE, FL | | | 32202 | | | | | |
| | | | | | 84 | City | | FL 85 Zip Code |
| office or reg | gistered agent, or bo familiar with, and a | oth, in the State of F ccept the optigation | orida Such channs of, Section 617. | ige was autre .0503, Florida | a Statutes | r ine corp i. | corporation submits this statement for the poration's board of directors. I hereby acception is board of directors. | ourpose of changing its registered of the appointment as registered |
| Signal typed or printed name of registered age. Self-applicable (NOTE: Registered Agent signature required | | | | | | ADDITIONS/CHANGES TO OFFIC | 0.112 | |
| 12. | | OFFICERS AND U | | LETÉ | 1 1 TITLE | | W.M. (D) | Change Addition |
| NAME | | | | | 1.2 NAME | _ | Patton, William | Δ. |
| 1 | | | | | 1.3 STREET | ADDRESS | 6520 Windsor Drive | |
| STREET ADDRESS | | | | | 14 CITY-S | | | 7-1651 |
| CITY-ST-ZIP | | | | EL ETC | 21775 | | 75. | Change Addition |

S.W. (D) Basler, Joseph Frank TITLE 2 2 NAME NAME 914 West 66 Street 23 STREET ADDRESS STREET ADDRESS <u> Hialeah, FL 33012-6470</u> 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 31 TITLE J.W. (D) TITLE Byron, Robert Joseph 3 2 NAME NAME 3 3 STREET ADDRESS 2079 N.E. 179 Street STREET ADDRESS 33162-1617 3 4. CITY-ST-ZIP <u>N. Miami Beach, FL</u> CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE Treas. (D) Chaney, Bernard 4 2 NAME NAME 4400 Hillcrest Drive, Apt. 617 4 3 STREET ADDRESS STREET ADDRESS Hollywood, FL 33021-4 4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 5 1 TITLE (D) THTLE Sec. Graham, Alan Paul 5.2 NAME NAME P.O. Box 600123 N/A N. Miami Beach, FL 53 STREET ADDRESS STREET ADDRESS 33160-0123 5 4 City - ST - ZIP CITY-ST-ZIP 9<u>00001868709</u> DELETE TITLE 6 1 TITLE 6.2 NAME -06/20/96--01019--001 NAME 63 STREET ADDRESS ***428.75 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Floridate 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 lamade under oath, that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Floridate my name appears in Block 12 of Block 12 of Chapter 617 and address.

SIGNATURE: AME OF SIGNING OFFICER OR DIRECTOR 904-354-2339