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NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **C10182** **(9)**

1. Corporation Name

GOLDEN GLADES LODGE NO. 334 FREE AND ACCEPTED MA SONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/30/1992	3a. Date of Last Report: 07/02/1996
21	26	4. FEI Number: 23-7109074	Applied For / Not Applicable
Suite, Apt #, etc: 22	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23	City & State: 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 / Country: 25	Zip: 29 / Country: 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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] 2-3-97
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: SD ☐ DELETE		1.1 TITLE: WORSHIPFUL MASTER D
NAME: GRAHAM, ALAN PAUL		1.2 NAME: Joseph Frank Basler
STREET ADDRESS: P.O. BOX 600123 N/A		1.3 STREET ADDRESS: 914 W 66Th St
CITY-ST-ZIP: MIAMI FL 33160-0123		1.4 CITY-ST-ZIP: Hialeah Fl 33012-6470
TITLE: WMD ☐ DELETE		2.1 TITLE: SENIOR WARDEN D
NAME: PATTON, WILLIAM		2.2 NAME: Robert Joseph Byron
STREET ADDRESS: 6520 WINDSOR DR.		2.3 STREET ADDRESS: 2079 N.E. 179Th St.
CITY-ST-ZIP: PARKLAND FL 33067-1651		2.4 CITY-ST-ZIP: North Miami Beach Fl 33162-
TITLE: JWD ☐ DELETE		3.1 TITLE: JUNIOR WARDEN D
NAME: BYRON, ROBERT J		3.2 NAME: Ronald Howard Kaiser
STREET ADDRESS: 2079 N.E. 179TH ST.		3.3 STREET ADDRESS: 20351 NE 20Th Pl
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33162-1614		3.4 CITY-ST-ZIP: Miami Fl 33179-2207
TITLE: TD ☐ DELETE		4.1 TITLE: TREASURER D
NAME: CHANEY, BERNARD		4.2 NAME: Bernard Chaney
STREET ADDRESS: 4400 HILL CREST DR.		4.3 STREET ADDRESS: 4400 Hillcrest Dr.
CITY-ST-ZIP: HOLLYWOOD FL 33021-7928		4.4 CITY-ST-ZIP: Hollywood Fl 33021-7928
TITLE: SWD ☐ DELETE		5.1 TITLE: SECRETARY D
NAME: BASLER, JOSEPH F		5.2 NAME: Alan Paul Graham
STREET ADDRESS: 914 W 66 ST.		5.3 STREET ADDRESS: P. O. Box 600123 N/A
CITY-ST-ZIP: HIALEAH FL 33012-6470		5.4 CITY-ST-ZIP: Miami Fl 33160-0123
TITLE: ☐ DELETE		6.1 TITLE:
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

CR2E037 (9/96)

14. I do 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: [signature] CORP SECRETARY 2/26/97 (305) 787-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alan Graham Date Daytime Phone

0004317