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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
23-7109074

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME GRAHAM, ALAN PAUL
STREET ADDRESS P.O. BOX 600123 N/A
CITY-ST-ZIP MIAMI FL 33160-0123

1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Joseph Frank Basler
1.3 STREET ADDRESS 914 W 66th St
1.4 CITY-ST-ZIP Hialeah Fl 33012-6470

TITLE WMD DELETE
NAME PATTON, WILLIAM
STREET ADDRESS 6520 WINDSOR DR.
CITY-ST-ZIP PARKLAND FL 33067-1651

2.1 TITLE SENIOR WARDEN D
2.2 NAME Robert Joseph Byron
2.3 STREET ADDRESS 2079 N.E. 179th St.
2.4 CITY-ST-ZIP North Miami Beach Fl 33162-

TITLE JWD DELETE
NAME BYRON, ROBERT J
STREET ADDRESS 2079 N.E. 179TH ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-1614

3.1 TITLE JUNIOR WARDEN D
3.2 NAME Ronald Howard Kaiser
3.3 STREET ADDRESS 20351 NE 20TH PL
3.4 CITY-ST-ZIP Miami Fl 33179-2207

TITLE TD DELETE
NAME CHANEY, BERNARD
STREET ADDRESS 4400 HILL CREST DR.
CITY-ST-ZIP HOLLYWOOD FL 33021-7928

4.1 TITLE TREASURER D
4.2 NAME Bernard Chaney
4.3 STREET ADDRESS 4400 Hillcrest Dr.
4.4 CITY-ST-ZIP Hollywood Fl 33021-7928

TITLE SWD DELETE
NAME BASLER, JOSEPH F
STREET ADDRESS 914 W 66 ST.
CITY-ST-ZIP HIALEAH FL 33012-6470

5.1 TITLE SECRETARY D
5.2 NAME Alan Paul Graham
5.3 STREET ADDRESS P. O. Box 600123 N/A
5.4 CITY-ST-ZIP Miami Fl 33160-0123

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 if an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004317

Alan Graham
SECRETARY 2/26/97 (305) 787-6003
Alan Graham

CR2E037 (9/96)