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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
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3. Date Incorporated or Qualified 06/30/1992
4. FEI Number 23-7109074 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002544239
84 City 06/02/98 01031 033 Zip Code ***735.00 FL 85

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 regulations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* 2-13-98
Signature of registered agent or principal name of registered agent and, if applicable, (NGILL Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BASLER, JOSEPH FRANK	
STREET ADDRESS	914 W 66TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	DELETE
NAME	BYRON, ROBERT JOSEPH	
STREET ADDRESS	2079 NE 179TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	DELETE
NAME	KAISER, RONALD HOWARD	
STREET ADDRESS	20351 NE 20TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	CHANEY, BERNARD	
STREET ADDRESS	4400 HILLCREST DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	DELETE
NAME	GRAHAM, ALAN PAUL	
STREET ADDRESS	PO BOX 600123 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) X	Change	Addition
1.2 NAME	Joseph Frank Basler		
1.3 STREET ADDRESS	914 W 66TH ST		
1.4 CITY-ST-ZIP	Hialeah FL 33012-6470		
2.1 TITLE	SECRETARY (D) X	Change	Addition
2.2 NAME	Alan Paul Graham		
2.3 STREET ADDRESS	P. O. Box 600123 N/A		
2.4 CITY-ST-ZIP	Miami FL 33160-0123	Change	Addition
3.1 TITLE	SENIOR WARDEN (D) X		
3.2 NAME	Ronald Howard Kaiser		
3.3 STREET ADDRESS	20351 NE 20TH PL		
3.4 CITY-ST-ZIP	Miami FL 33179-2207	Change	Addition
4.1 TITLE	JUNIOR WARDEN (D) X		
4.2 NAME	Larry Lee Hartman		
4.3 STREET ADDRESS	P.O. Box 611714 N/A		
4.4 CITY-ST-ZIP	North Miami FL 33261-1714		Addition
5.1 TITLE	TREASURER (D) X		
5.2 NAME	Bernard Chaney		
5.3 STREET ADDRESS	4400 Hillcrest Dr #617	Change	Addition
5.4 CITY-ST-ZIP	Hollywood FL 33021-7928		
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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.

Alan Graham *[Signature]* 3/21/98 (305) 787-6003

CR2E037 (10/97)