

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90111 001 \*5,390.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10182**

1. Corporation Name  
**GOLDEN GLADES LODGE NO. 334 FREE AND ACCEPTED MA SONS OF FLORIDA**

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7109074
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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 84 City FL 85 Zip Code
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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: N/A (NOTE: Registered Agent signature required when reinstating) DATE: N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BASLER, JOSEPH FRANK		1.2 NAME Alberto Muhtar	
STREET ADDRESS 914 W 66TH ST		1.3 STREET ADDRESS 1060 North Shore Dr.	
CITY-ST-ZIP HIALEAH FL 33012		1.4 CITY-ST-ZIP Miami Beach Fl 33141-2442	
TITLE S/D	<input type="checkbox"/> DELETE	2.1 TITLE TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALAN PAUL GRAHAM		2.2 NAME Farde Peltz	
STREET ADDRESS PO BOX 600123 (N/A)		2.3 STREET ADDRESS 17100 NE 14TH AVE	
CITY-ST-ZIP MIAMI FL 33160		2.4 CITY-ST-ZIP North Miami Beach Fl 33162-2731	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME KAISER, RONALD HOWARD		3.2 NAME	
STREET ADDRESS 20351 NE 20TH PL		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33179		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRY LEE HARTMAN		4.2 NAME	
STREET ADDRESS PO BOX 611714 (N/A)		4.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL 33261		4.4 CITY-ST-ZIP	
TITLE T/D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARD CHANEY		5.2 NAME	
STREET ADDRESS 4400 HILLCREST DR., #617		5.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Secy 3/14/99 (305) 787-6003  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)