**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # C10209 (0)

1. Corporation Name

MIRACLE LODGE NO. 321 FREE AND ACCEPTED MASONS O F FLORIDA

800001436938
-03/22/95--01039--001
**17290.00 ****130.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WILLIAM G WOLF<br>220 OCEAN ST<br>JACKSONVILLE FL 32202 | C/O WILLIAM G WOLF<br>220 OCEAN ST<br>JACKSONVILLE FL 32202 |

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7168479 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2/6/95
Signature, typed 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 | WM | 11 TITLE | WORSHIPFUL MASTER/D |
| NAME | FROST, STANLEY | 12 NAME | RONALD L MAGRAM |
| STREET ADDRESS | 17671 NE 19TH AVE | 13 STREET ADDRESS | 8055 S W 99TH ST |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | 14 CITY-ST-ZIP | MIAMI FL 33156 |
| TITLE | S | 21 TITLE | SECRETARY/D |
| NAME | SENITA, JACK E | 22 NAME | JACK EDWARD SENITA |
| STREET ADDRESS | 7930 SW 15TH ST | 23 STREET ADDRESS | 7930 SW 15TH ST |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | MIAMI FL 33144-5230 |
| TITLE | SW | 31 TITLE | SENIOR WARDEN/D |
| NAME | MAGRAM, RONALD L | 32 NAME | FREDRICK JOSEPH MAUER |
| STREET ADDRESS | 12685 S DIXIE HIGHWAY | 33 STREET ADDRESS | 9851 S.W. 141ST DR. |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | MIAMI FL 33176-6739 |
| TITLE | T | 41 TITLE | JUNIOR WARDEN/D |
| NAME | MONTE, MEALE B | 42 NAME | ERIC STEVEN FELDMAN |
| STREET ADDRESS | 5216 MADISON ST | 43 STREET ADDRESS | 11059 S.W. 70TH TERR |
| CITY-ST-ZIP | HOLLYWOOD FL | 44 CITY-ST-ZIP | MIAMI FL 33173-2157 |
| TITLE | | 51 TITLE | TREASURER/D |
| NAME | | 52 NAME | NEALE BARRY MONTE |
| STREET ADDRESS | | 53 STREET ADDRESS | 5216 MADISON ST. |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | HOLLYWOOD FL 33021-7130 |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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] 4/21/95 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
STANLEY Frost
LW 3-31-95

0001041