# 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

APPROVED AND FILED
95 MAR -2 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10273 (6)

1. Corporation Name

SOUTH MIAMI LODGE NO. 308 FREE AND ACCEPTED MASONS OF FLORIDA

400001419934
-03/02/95--01109--001
DO NOT WRITE IN THIS SPACE **14950.00 ****130.00

| 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: 05/18/1994
4. FEI Number: 23-7107372 ☐ 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.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>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

31 SHEPPARD, ROY CONNOR
32 220 OCEAN STREET
33 JACKSONVILLE FL 32202
34

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 | 1.1 TITLE | WORSHIPFUL MASTER/D |
| NAME | CLARENCE J. FORCHAM | 1.2 NAME | BYRON BLAIR BRUNSON |
| STREET ADDRESS | 10520 SW 47TH ST. | 1.3 STREET ADDRESS | 9931 JAMAICA DR |
| CITY-ST-ZIP | MIAMI FL 33165-5646 | 1.4 CITY-ST-ZIP | MIAMI FL 33189-1717 |
| TITLE | S | 2.1 TITLE | SECRETARY/D |
| NAME | STEPHEN G. ROSEAN SR. | 2.2 NAME | STEPHEN GARY ROSEAN SR |
| STREET ADDRESS | 14195 SW 87TH ST. | 2.3 STREET ADDRESS | 14195 SW 87TH ST |
| CITY-ST-ZIP | MIAMI FL 33183-4418 | 2.4 CITY-ST-ZIP | MIAMI FL 33183-4418 |
| TITLE | SW | 3.1 TITLE | SENIOR WARDEN/D |
| NAME | BYRON B. BRUNSON, | 3.2 NAME | JARRETT G GARRETT |
| STREET ADDRESS | 9931 JAMAICA DR. | 3.3 STREET ADDRESS | 12221 S.W. 35TH ST. |
| CITY-ST-ZIP | MIAMI FL 33189-1717 | 3.4 CITY-ST-ZIP | MIAMI FL 33175 |
| TITLE | JW | 4.1 TITLE | JUNIOR WARDEN/D |
| NAME | JARRETT G. GARRETT , | 4.2 NAME | JAMES WESLEY HYDE |
| STREET ADDRESS | 12221 S.W. 35TH ST. | 4.3 STREET ADDRESS | 161 N W 107TH ST |
| CITY-ST-ZIP | MIAMI FL 33175 | 4.4 CITY-ST-ZIP | MIAMI FL 33157-2447 |
| TITLE | T | 5.1 TITLE | TREASURER/D |
| NAME | PHILIP R. BROWN, | 5.2 NAME | PHILIP RAYMOND BROWN |
| STREET ADDRESS | 8504 S.W. 75TH ST. | 5.3 STREET ADDRESS | 8504 S.W. 75TH ST |
| CITY-ST-ZIP | MIAMI FL 33143-3712 | 5.4 CITY-ST-ZIP | MIAMI FL 33143-3712 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

3/2/95 MB

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:** Byron B. Blair Brunson 2/13/95 305-253-4739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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