
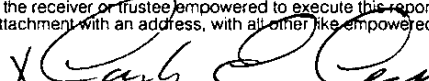


<b>DOCUMENT # C10311</b>						05-01-2007 90050 045 ****61.25	
1. Entity Name <b>HIBISCUS LODGE NO. 275 FREE AND ACCEPTED MASONS OF FLORIDA</b>							
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>				Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD MILLHEISER, PETER J 13627 DEERING BAY DR # 703 MIAMI, FL 331582835	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Wardens Master</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roger M Dunetz 88 Cadima Ave Coral Gables FL 33134-7353		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CESPEDES, CARLOS E P O BOX 770218 MIAMI, FL 33177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNETZ, ROGER M 88 CADIMA AVE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eduardo R Almeyda 6235 SW 116th St Miami FL 33156-4811		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD HILL, CHARLES M III 841 HERON AVE MIAMI SPRINGS, FL 331663210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Senior Warden</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jean-Aime Medici 1717 N Bayshore Dr #2455 Miami FL 33132-1161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD MEDICI, JEAN-AIME 1717 NORTH BAYSHORE DR # 2455 MIAMI, FL 331321161	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Junior Warden</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Isaac Chi 9112 Maggiore St Coral Gables FL 33146-2214		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date: 4-10-07 Daytime Phone #: 305-272-3392			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							