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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # C10317 (1)

1. Corporation Name

NORTH SHORE LODGE NO. 277 FREE AND ACCEPTED MASO
NS OF FLORIDA



Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-1373376

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13.

TITLE WMD ☐ DELETE
NAME DEQUINO, DILSON V
STREET ADDRESS 16551 NE 10TH AVE.
CITY-ST-ZIP N MIAMI BEACH FL 33162-3717

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

WORSHIPFUL MASTER D
Lester Lavell Berry
18425 S W 129TH Ct
Miami FL 33177-3010
SENIOR WARDEN D

TITLE SWD ☐ DELETE
NAME ALONSO, ELMY I
STREET ADDRESS 2 N.E. 160TH STREET
CITY-ST-ZIP MIAMI FL 33162-2324

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Domingos Trofino
940 South Shore Dr
Miami Beach FL 33141
JUNIOR WARDEN D

TITLE JWD ☐ DELETE
NAME BERRY, LESTER L
STREET ADDRESS 18425 S W 129TH CT.
CITY-ST-ZIP MIAMI FL 33177-3010

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Alderico G Oliveira
1202 Columbus Blvd
Coral Gables FL 33134

TITLE TD ☐ DELETE
NAME BARNETT, MARK M
STREET ADDRESS 3667 NW 94TH AVE
CITY-ST-ZIP FT. LAUDERDAL FL 33351-8460

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TREASURER D
Leo Caldas Jr
449 W McNab Rd #10
Pompano FL 33060

TITLE SD ☐ DELETE
NAME DAWES, JACK I
STREET ADDRESS 1151 N. HIATUS RD
CITY-ST-ZIP PEMBROKE PINES FL 33026-3034

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

SECRETARY D
I. Jack Dawes
1151 N Hiatus Rd
Pembroke Pines FL 33026-3034

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Lester L. Berry*
LESTER L. BERRY W.M. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

305-256-0316

U2E037 (9/96)