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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10317

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

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address 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 59-1373376
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
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST 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 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	WMD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROFINO, DOMINGOS	1.2 NAME	Armando L Aquino
STREET ADDRESS	1700 DAYTONA RD	1.3 STREET ADDRESS	17911 SW 27th St
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	Miramar FL 33026
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, LESTER L	2.2 NAME	Jacques Vogel
STREET ADDRESS	18425 SW 129TH CT	2.3 STREET ADDRESS	4920 N 36th St
CITY-ST-ZIP	MIAMI FL 33177-3010	2.4 CITY-ST-ZIP	Hollywood FL 33021
TITLE	SWD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, ARMANDO L	3.2 NAME	Ricardo Parente
STREET ADDRESS	17911 SW 27TH ST	3.3 STREET ADDRESS	7525 E Treasure Dr #3 E
CITY-ST-ZIP	MIRAMAR FL 33026	3.4 CITY-ST-ZIP	N Bay Village FL 33141
TITLE	JWD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, JACQUES	4.2 NAME	Jeffrey Carl Awve
STREET ADDRESS	4920 N. 36TH ST	4.3 STREET ADDRESS	35 NE 3 St
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	Diana FL 33004
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDELSKY, PAUL	5.2 NAME	Gyorgy Halas
STREET ADDRESS	292 NE 150TH ST	5.3 STREET ADDRESS	10245 COLLINS AVE APT 100
CITY-ST-ZIP	MIAMI FL 33161-2957	5.4 CITY-ST-ZIP	BAL HARBOR FL 33154
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 617.0502, Florida Statutes, and 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 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: JEFFREY C. AWVE SECRETARY 3/15/99 (954) 986-0996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)