

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 017 \*\*\*\*61.25

**DOCUMENT # N03000007186**

1. Entity Name  
**OLEETA-WEST DADE LODGE NO. 145, INC. FREE AND  
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business  
**220 OCEAN STREET  
JACKSONVILLE, FL 32202**

Mailing Address  
**220 OCEAN STREET  
JACKSONVILLE, FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**83-0362642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, CONNOR  
220 OCEAN ST.  
JACKSONVILLE, FL 32202**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JWV  
COCKRELL, DAVID  
9946 NW 49TH TERR  
MIAMI, FL 33175** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WORSHIPFUL MASTER (D) X Change ☐ Addition  
Robert Franklin Anderson  
3141 NW 2nd St  
Miami, FL 33125-5011**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TORRIENTE, MANUEL DE LA  
3930 NW 64TH AVE.  
VIRGINIA GARDENS, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR WARDEN (D) X Change ☐ Addition  
David A Cockrell  
9946 NW 49th Ter  
Miami, FL 33178-1919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RODRIGUEZ, MARIO A  
2330 NW 15TH ST.  
MIAMI, FL 33125** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JUNIOR WARDEN (D) X Change ☐ Addition  
Herman Jake Roudenbuih  
191 W 15th St  
Hialeah FL 33010-3432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GREEN, MICHAEL C  
9133 SW 72ND AVE.  
MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change ☐ Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ANDERSON, ROBERT F  
3141 NW 2ND ST  
MIAMI, FL 33125** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change ☐ Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change ☐ Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change ☐ 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:

*Michael C. Green*  
**Michael C. Green**

**3/22/06 (954) 316-8403**

Date

Daytime Phone #