


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 026 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 83-0362642	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, CONNOR 220 OCEAN ST. JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	WM	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	ANDERSON, ROBERT F		NAME	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3141 NW 2ND ST		STREET ADDRESS	Hakan Bilimlier	
CITY-ST-ZIP	MIAMI, FL 331255011		CITY-ST-ZIP	600 NW 6th St	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCKRELL, DAVID A		NAME	David Allen Cockrell	
STREET ADDRESS	9946 NW 49TH TERR		STREET ADDRESS	9946 NW 49th Ter	
CITY-ST-ZIP	MIAMI, FL 331781919		CITY-ST-ZIP	Miami FL 33178-1919	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, MARIO A		NAME		
STREET ADDRESS	2330 NW 15TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, MICHAEL C		NAME		
STREET ADDRESS	9133 SW 72ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUDENBUSH, HERMAN J		NAME	Herman Jacob Roudenbush	
STREET ADDRESS	191 W 15TH ST		STREET ADDRESS	191 W 15th St	
CITY-ST-ZIP	HIALEAH, FL 330103432		CITY-ST-ZIP	Hialeah FL 33010-3432	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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. <i>Michael C. Green</i>					
SIGNATURE: <i>[Signature]</i> 3/14/07 (954) 316-8403 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					