

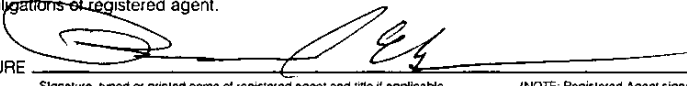
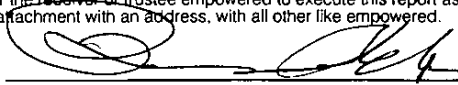


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 027 ****61.25

DOCUMENT # N94000003992 1. Entity Name HIALEAH-OPA-LOCKA LODGE NO. 391, INC. FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0515896	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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)</small>			DATE 4/30/08		
Filing Fee is \$61.25 Due by May 1, 2008		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	D HARDISSON, JOHN 5411 W 4TH LANE HIALEAH, FL 330127369	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER	John Hardisson 5411 W 4th Ln Hialeah FL 33012-2535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GONZALEZ, VINCENT 10990 SW 63RD TER MIAMI, FL 331731152	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D)	Shawn Christopher Anderson 17030 NW 82nd Ave Hialeah FL 33015-3702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D ANDERSON, SHAWN C 17030 NW 82ND AVE HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D)	Felix H Quinones 1195 NW 124th Path Miami FL 33182-2469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	SD BENJAMIN FUTCH, HARRY PO BOX 820302 N/A SOUTH FLORIDA, FL 330820302	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	T ESTEBAN, LAZO 1225 W 49 PLACE NO 4 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	CITY-ST-ZIP	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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/30/08		
Daytime Phone #			Daytime Phone #		