

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000012380

**Entity Name:** FRATERNIDAD LODGE NO. 414, INC. FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Jan 17, 2023**  
**Secretary of State**  
**5276158135CC**

**Current Principal Place of Business:**

910 NW 22ND AVENUE  
MIAMI, FL 33125

**Current Mailing Address:**

PO BOX 144998  
CORAL GABLES, FL 33114-4998 US

**FEI Number: 85-1642893**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 N OCEAN STREET  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SALAS, LUIS E  
Address 1425 ARTHUR ST APT 405  
City-State-Zip: HOLLYWOOD FL 33020

Title VP  
Name THORNDIKE, WILDER  
Address 1740 NW 188TH TERR  
City-State-Zip: MIAMI GARDENS FL 33056

Title PRESIDENT  
Name COBO, LUCIO J  
Address 2301 NW 10TH AVE  
APT 304  
City-State-Zip: MIAMI FL 33127

Title TREASURER  
Name LOPEZ CEPERO, DANILO  
Address 720 SW 63RD AVE  
APT 206  
City-State-Zip: MIAMI FL 33144

Title SECRETARY  
Name LORIE, FELIX A  
Address 727 SW 7TH AVE  
1A  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FELIX A. LORIE**

**SECRETARY**

**01/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date