

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # C10086 (2)

1. Corporation Name

DR. FELIX VARELA LODGE NO. 64 FREE AND ACCEPTED
MASONS OF FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIAM G. WOLF
220 OCEAN ST.
JACKSONVILLE FL 32202

C/O WILLIAM G. WOLF
220 OCEAN ST.
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 ROY CONNOR SHEPPARD

26 ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

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

700001766487

83

-04/02/96--01061--001

84 City

***5083.75

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Roy Connor Sheppard

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
VALDEZ, FERMIN B
11181 1ST. AVE. OCEAN
MARATHON FL 33050 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GONZALEZ, MANUEL
PO BOX 4123 N/A
KEY WEST FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
GARCIA, HERIBERTO
P.O. BOX 420766 N/A
SUMMERLAND KEY FL 33042-0766 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
OLIVA, HENRY
1402 JOHNSON ST
KEY WEST FL 33040-5018 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BADIA, BART
LOT 213
KEY WEST FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
JOSE LIBRADO RAMIREZ
1217 ELIZA STREET
KEY WEST FL 33040-3421

SENIOR WARDEN (D)
CARLOS LEZCANO
P O BOX 500713 N/A
MARATHON FL 33050

JUNIOR WARDEN (D)
EMELIO F GONZALEZ
1922 PATTERSON AVE
KEY WEST FL 33040

TREASURER (D)
BART BADIA
LOT 213 STADIUM TR PARK
KEY WEST FL 33040-4157

SECRETARY (D)
MANUEL GONZALEZ
PO BOX 4123 N/A
KEY WEST FL 33041-4123

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qu
certify 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Jose L. Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/96

*904-
354-2339*

CH2E037 (12/95)