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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 ROY CONNER SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

C/O ROY CONNER SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218



3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/02/1996

4. FEI Number
23-7526367

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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)

83

84 City

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD ☐ DELETE
NAME RAMIREZ, JOSE LIBRADO
STREET ADDRESS 1217 ELIZA ST
CITY-ST-ZIP KEY WEST FL 33040-3421

1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Gregorio Liria Garcia
1.3 STREET ADDRESS 820 Simonton St
1.4 CITY-ST-ZIP Key West FL 33040-7446

TITLE SWD ☐ DELETE
NAME LEZCANO, CARLOS
STREET ADDRESS PO BOX 500713 N/A
CITY-ST-ZIP MARATHON FL 33050

2.1 TITLE SENIOR WARDEN D
2.2 NAME Emelio F Gonzalez
2.3 STREET ADDRESS 1922 Patterson Ave
2.4 CITY-ST-ZIP Key West FL 33040

TITLE JWD ☐ DELETE
NAME GONZALEZ, EMELIO
STREET ADDRESS 1922 PATTERSON AVE.
CITY-ST-ZIP KEY WEST FL 33040

3.1 TITLE JUNIOR WARDEN D
3.2 NAME Oscar Tuya
3.3 STREET ADDRESS 139 4th St
3.4 CITY-ST-ZIP Big Coppitt Key FL 33040

TITLE TD ☐ DELETE
NAME BADIA, BART
STREET ADDRESS LOT 213 STADIUM TR. PARK
CITY-ST-ZIP KEY WEST FL 33040-4157

4.1 TITLE TREASURER D
4.2 NAME Bart Badia
4.3 STREET ADDRESS Lot 213 Stadium Tr Park
4.4 CITY-ST-ZIP Key West FL 33040-4157

TITLE SD ☐ DELETE
NAME GONZALEZ, MANUEL
STREET ADDRESS PO BOX 4123 N/A
CITY-ST-ZIP KEY WEST FL 33041-4123

5.1 TITLE SECRETARY D
5.2 NAME Manuel Gonzalez
5.3 STREET ADDRESS Po Box 4123 N/A
5.4 CITY-ST-ZIP Key West FL 33041-4123

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:

[Signature] Gregorio Garcia

Date

2/14/97 904-354-2339

CR2E037 (9/96)