

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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<br><b>C/O ROY CONNER SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE FL 32202</b> | Mailing Address<br><b>C/O ROY CONNER SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE FL 32202</b> |
|---|---|

3. Date Incorporated or Qualified

**06/30/1992**

4. FEI Number

**23-7526367**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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)

**200002486177**

83 **-04/13/98--01018--026**

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

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>WMD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>RAMIREZ, JOSE LIBRADO</b>  |                                 |
| STREET ADDRESS | <b>1217 ELIZA ST</b>          |                                 |
| CITY-ST-ZIP    | <b>KEY WEST FL 33040-3421</b> |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>SWD</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>LEZCANO, CARLOS</b>   |                                 |
| STREET ADDRESS | <b>PO BOX 500713 N/A</b> |                                 |
| CITY-ST-ZIP    | <b>MARATHON FL 33050</b> |                                 |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>JWD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>EMELIO F. GONZALEZ</b>  |                                 |
| STREET ADDRESS | <b>1922 PATTERSON AVE.</b> |                                 |
| CITY-ST-ZIP    | <b>KEY WEST FL</b>         |                                 |

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>BADIA, BART</b>              |                                 |
| STREET ADDRESS | <b>LOT 213 STADIUM TR. PARK</b> |                                 |
| CITY-ST-ZIP    | <b>KEY WEST FL 33040-4157</b>   |                                 |

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>GONZALEZ, MANUEL</b>       |                                 |
| STREET ADDRESS | <b>PO BOX 4123 N/A</b>        |                                 |
| CITY-ST-ZIP    | <b>KEY WEST FL 33041-4123</b> |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |   |
|--------------------|--------------------------------|---|
| 1.1 TITLE          | <b>WORSHIPFUL MASTER (D) X</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Michael Padron Jr</b>       |   |
| 1.3 STREET ADDRESS | <b>PO Box 2383 N/A</b>         |   |
| 1.4 CITY-ST-ZIP    | <b>Key West FL 33045-2383</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                    |                               |   |
|--------------------|-------------------------------|---|
| 2.1 TITLE          | <b>SECRETARY (D) X</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Manuel Gonzalez</b>        |   |
| 2.3 STREET ADDRESS | <b>PO Box 4123 N/A</b>        |   |
| 2.4 CITY-ST-ZIP    | <b>Key West FL 33041-4123</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                    |                            |   |
|--------------------|----------------------------|---|
| 3.1 TITLE          | <b>SENIOR WARDEN (D) X</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>OSCAR TOYA</b>          |   |
| 3.3 STREET ADDRESS | <b>P O Box 6571 N/A</b>    |   |
| 3.4 CITY-ST-ZIP    | <b>Key West FL 33040</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                    |                                     |   |
|--------------------|-------------------------------------|---|
| 4.1 TITLE          | <b>JUNIOR WARDEN (D) X</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>Inocente Oswaldo Santiago Jr</b> |   |
| 4.3 STREET ADDRESS | <b>1301 United Street</b>           | <input type="checkbox"/> Addition                                 |
| 4.4 CITY-ST-ZIP    | <b>Key West FL 33040</b>            |   |

|                    |                            |   |
|--------------------|----------------------------|---|
| 5.1 TITLE          | <b>TREASURER (D) X</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Manuel Dorribo</b>      |   |
| 5.3 STREET ADDRESS | <b>1914 Seidenberg Ave</b> |   |
| 5.4 CITY-ST-ZIP    | <b>Key West FL 33040</b>   |   |

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

14. I 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)* **3/26/98**

**904-  
354-2339**

CR2E037 (10/97)