

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90013 001 \*\*\*857.50

DOCUMENT #

C10086 ✓

1. Corporation Name

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

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

ROY CONNOR SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

23-7526367

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY CONNOR SHEPPARD  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

WORSHIPFUL MASTER (D) ☐ Change ☐ Addition

1.2 NAME

JOSE L. HERNANDEZ

1.3 STREET ADDRESS

13 ALLAMANDA TERRACE

1.4 CITY-ST-ZIP

KEY WEST, FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

SENIOR WARDEN (D) ☐ Change ☐ Addition

2.2 NAME

INOCENTE O. SANTIAGO JR

2.3 STREET ADDRESS

1301 UNITED STREET

2.4 CITY-ST-ZIP

KEY WEST, FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

JUNIOR WARDEN (D) ☐ Change ☐ Addition

3.2 NAME

JOSE R. DEL RIO

3.3 STREET ADDRESS

JOSE R. DEL RIO DR.

3.4 CITY-ST-ZIP

KEY WEST, FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

TREASURER (D) ☐ Change ☐ Addition

4.2 NAME

MANUEL DORRIBO

4.3 STREET ADDRESS

1914 SEIDENBERG AVE.

4.4 CITY-ST-ZIP

KEY WEST, FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

SECRETARY (D) ☐ Change ☐ Addition

5.2 NAME

MANUEL GONZALEZ

5.3 STREET ADDRESS

P. O. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Gonzalez

Date

5/25/99

Daytime Phone #

904-354-2339

CR2E037 (1/98)