

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90151 034 \*\*\*\*61.25

**20029617**



<b>DOCUMENT # C10086</b> 1. Entity Name <b>DR. FELIX VARELA LODGE NO. 64 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7526367</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, GEORGE		NAME	Roberto Lorenzo Perez	
STREET ADDRESS	PO BOX 2979		STREET ADDRESS	3330 Northside Dr #424	
CITY-ST-ZIP	KEY WEST, FL 330403421		CITY-ST-ZIP	Key West FL 33040-7912	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	PEREZ, ROBERTO L		NAME	Salvador Farina	
STREET ADDRESS	424 3330 NORTHSIDE DR		STREET ADDRESS	1310 Flagler Ave	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West FL 33040-4920	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	DORRIBO, MANUEL J		NAME	Helio J Davila	
STREET ADDRESS	9501 SW 155TH AVE		STREET ADDRESS	1230 South St	
CITY-ST-ZIP	MIAMI, FL 331961117		CITY-ST-ZIP	Key West FL 33040-3406	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	SALCEDO, LEONID D		NAME		
STREET ADDRESS	1300 DOUGLAS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	RODRIGUEZ, JOSE F		NAME		
STREET ADDRESS	3705 DONALD AVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			Date <b>3-30-05</b> Daytime Phone # <b>305-296-6056</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					