2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # C10086

1. Entity Name

DR. FELIX VARELA LODGE NO. 64 FREE AND ACCEPTED



Mar 27, 2003 8:00 am Secretary of State 03-27-2003 90322 001 *1,531.25

FILED

MASONS OF FLORIDA

Principal Place of Business C/O ROY CONNER SHEPPARD

Mailing Address C/O ROY CONNER SHEPPARD

220 OCEAN ST JACKSONVILLE			220 OCEAN ST. JACKSONVILLE FL 32202				 	DI BOIN BOIS IONA	s al s ion i ndi	i anan akan an	014 87 8 31 1884	
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 23-7526367 Applied For Not Applicable				
Zip	Zip Country - ` -			Zip '>Co		intrý 📑 📑	₩	5. Certificate of Status Desired				
	and Address of Current		7. Name and Address of New Registered Agent									
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202						Name						
						Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Cod	le	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW: FEE IS \$61.25				9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable Florida Department of S				
10. OFFICERS AND DIR				ECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	WMD			Delete	TITLE		Wni	RSHIPFUL 1	MASTER	(D)	Change	Addition
NAME	ANUEZ, J	OHN JR		J	NAM					1 44 7		7
STREET ADDRESS 812 CATHERINE STREET						ET ADDRESS	7D 4-1/ E1/20 STREET					
CITY-ST-ZIP												ľ
	SWD	1 1 2 00070			7171.5	<u> </u>	-KE	y West Fl	33040-	3421	Change	Addition
TITLE NAMÉ		EDUARDO M		Delete	TITLE	<u> </u>	´se:	VIOR WARDE	EM	(D)	Change	☐ Addition
STREET ADDRESS	1	9 .				ET ADDRESS		yd Edward				İ
CITY-ST-ZIP	S B-8.8TH AVENUE					- ST-ZIP		31 HARRIS				~
	TD	1 FL 33040						Y WEST FL			Change	☐ Addition
TITLE NAME		MANUEL J		☐ Delete	TITLE NAM						Change	LJ Addition
STREET ADDRESS		155TH AVE				ET ADDRESS		NIOR WARDS	ΞM	(D)	•	Y
CITY-ST-ZIP		33196-1117				- ST-ZIP		car Tuya				
	SD SD	33180-1117		☐ Delete	TITLE			7-4th St -		• • • •	nange	Addition
TITLE NAME		Z, MANUEL		Li Delete	NAM	i i	Big	g Coppitt	Key FL	3304		Acquion
STREET ADDRESS	PO BOX 4					ET ADDRESS						
CITY-ST-ZIP		FL 33041-4123				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	JWD	I L VVVTITIEV		Delete	TITLE						☐ Change	☐ Addition
NAME	WILLIAMS	ROYD F		Delete	: NAM							
STREET ADDRESS	2931 HAR					ET ADDRESS						
CITY-ST-ZIP		T FL 33040				-ST-ZIP						}
TITLE	ALI IILU	I L VVVTU		☐ Delete	TITLE						☐ Change	Addition
NAME				□ Detete	NAMI							Addition
STREET ADDRESS						ET ADDRESS		•				
CITY-ST-ZIP						-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.

SIGNATURE