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FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10246 (2)

1. Corporation Name

JOSE MARTI PEREZ LODGE NO. 371 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1886706

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

24 Zip

25 Country

29 Zip

30 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 ST
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 of registered agent or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	PARDO, JOSE	
STREET ADDRESS	13295 SW 72ND TERR	
CITY-ST-ZIP	MIAMI FL 33183	

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Juan Jose Lloredo	
1.3 STREET ADDRESS	5554 West 27 Lane	
1.4 CITY-ST-ZIP	Hialeah FL 33016	

TITLE	SWD	<input type="checkbox"/> DELETE
NAME	LLOREDO, JUAN JOSE	
STREET ADDRESS	5554 WEST 27 LANE	
CITY-ST-ZIP	HALEAH FL 33016	

2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alberto Acosta	
2.3 STREET ADDRESS	1560 N W 3rd St #11	
2.4 CITY-ST-ZIP	Miami FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	GUZMAN, WILLIAM	
STREET ADDRESS	5424 NW 169TH ST	
CITY-ST-ZIP	MIAMI FL 33055	

3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Guzman	
3.3 STREET ADDRESS	5424 NW 169th St	
3.4 CITY-ST-ZIP	Miami FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, MIGUEL	
STREET ADDRESS	8758 SW 12TH ST #204	
CITY-ST-ZIP	MIAMI FL 33174-3335	

4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Armando Binelo	
4.3 STREET ADDRESS	142 W 35th St	
4.4 CITY-ST-ZIP	Hialeah FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ACOSTA-TIJERO, ALBERTO	
STREET ADDRESS	145 SO. ROYAL PONCIANA BLVD	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Juan J Labrador	
5.3 STREET ADDRESS	10251 N. W. 80th Ct. #519	
5.4 CITY-ST-ZIP	Hialeah Gardens FL 33016-2277	<input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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

Juan J Labrador

904-354-2339

March 17-1998 A. Acosta Tijero

CR2E037 (10/97)