



2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90002 016 ****61.25

DOCUMENT # C10246					
1. Entity Name JOSE MARTI PEREZ LODGE NO. 371 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		54057085 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1986906 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	Worshipful Master (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCUDERO, GERMAN D		NAME	German D. Escudero	
STREET ADDRESS	5720 HOOD ST		STREET ADDRESS	5720 Hood Street	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Hollywood, FL 33021-3234	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, MANUEL		NAME	Manuel Uribe	
STREET ADDRESS	20401 NE 30TH AVE		STREET ADDRESS	20401 N.E. 30th Avenue Apt. 102#8	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Junior Warden (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURY, JOAQUIN F		NAME	Evaristo F. Lopez	
STREET ADDRESS	6441 SW 35TH ST		STREET ADDRESS	2578 W. 49th Court	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Hialeah, FL 33010	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, GREGORIO V		NAME	Oswaldo M. Espinal	
STREET ADDRESS	1832 W 72ND ST		STREET ADDRESS	947 W. 29th Street Apt. 3	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <i>Joaquin Maury</i> Joaquin Maury, Sec		Date 6-2-04		Daytime Phone # 786-277-3287	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					