


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90022 013 \*\*\*\*61.25

<b>DOCUMENT # C10246</b>					
<b>1. Entity Name</b> JOSE MARTI PEREZ LODGE NO. 371 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		<b>Mailing Address</b> C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232005 Chg-NP CR2E037 (10/03) <b>4. FEI Number</b> 59-1986906 <span style="float: right;">Applied For Not Applicable</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
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, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>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	ESCUDERO, GERMAN D	NAME	Manuel Uribe		
STREET ADDRESS	5720 HOOD ST	STREET ADDRESS	20401 NE 30th Ave		
CITY-ST-ZIP	HOLLYWOOD, FL 330213234	CITY-ST-ZIP	Aventura FL 33180-1522		
TITLE	SWD <input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	URIBE, MANUEL	NAME	Evaristo F Lopez		
STREET ADDRESS	20401 NE 30TH AVE APT 102#8	STREET ADDRESS	2578 W 49th Ct		
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Hialeah FL 33010		
TITLE	SD <input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAURY, JOAQUIN F	NAME	Luis Fernando Escobar Rivera		
STREET ADDRESS	6441 SW 35TH ST	STREET ADDRESS	201 Racquet Club Rd #205		
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	Weston FL 33326-1190		
TITLE	JWD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ, EVARISTO F	NAME			
STREET ADDRESS	2578 W 49TH COURT	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33010	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINAL, OSVALDO M	NAME			
STREET ADDRESS	947 W 29TH STREET APT 3	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012	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			
<b>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>					
<b>SIGNATURE:</b> <i>Joaquin F. Maury</i> <b>Joaquin F. Maury</b>		4-30-05 (305)644-1048			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	