2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10246

1. Entity Name



FILED May 27, 2005 8:00 am Secretary of State 05-27-2005 90022 013 ****61.25

	ARTI PEREZ LODGE NO. 33 ED MASONS OF & LORIDA	/TEREE AND							
C/O ROY CONNOR SHEPPARD C/O 220 OCEAN ST 220		220 OCEAN ST	C/O ROY CONNOR SHEPPARD		,	1 1 1 1 1 1 1 1 1 1		TIAN ON NABA	
2. Principal Place of Business 3. Mai		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (1	10/03)		
City & State		City & State	City & State		6			oplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		75 Add Required	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	gistered Agen	it		
SHEPPARD, ROY CONNOR			Name	Name					
220 OCEAN ST JACKSONVILLE, FL 32202			Street Add	dress (P.O. Box Number is I	Not Acceptable)				
			City			FL	Zip Code	e -	
	e named entity submits this statement for	r the purpose of changing its	registered office or re	egistered agent, or both, in	the State of Flor	ida. I am famil	iar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agont	and title if applicable. (NOTE	: Registered Agent signature	a required when reinstating)		DATE			
<u> </u>									
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Can Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees		ike check pay da Departmer			
10.	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund C		Added to Fees ADDITIONS/CHANG	Florie ES TO OFFICER	da Departmer S AND DIRECT	ORS IN	ate	
TITLE .	OFFICERS AND DIF	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CHANG WORSHIPFUL	Floric ES TO OFFICER MASTER	da Departmer	ORS IN	ate	
	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CHANG WORSHIPFUL Manuel Ur:	Florio ES TO OFFICER MASTER b e	da Departmer S AND DIRECT	ORS IN	10	
TITLE .	OFFICERS AND DIF WMD ESCUDERO, GERMAN D	Trust Fund C	ontribution. 11. TITLE NAME	Added to Fees ADDITIONS/CHANG WORSHIPFUL Manuel Ur; 20401 NE 30	Florio ES TO OFFICER MASTER be th Ave	S AND DIRECT	ORS IN	10	
TITLE 'NAME STREET ADDRESS	OFFICERS AND DIF WMD ESCUDERO, GERMAN D 5720 HOOD ST HOLLYWOOD, FL 330213234 SWD	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG WORSHIPFUL Manuel Ur; 20401 NE 30 AVENTURA FL	Florid ESTO OFFICER MASTER be th Ave 33180-	S AND DIRECT	ORS IN Change	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND DIF WMD ESCUDERO, GERMAN D 5720 HOOD ST HOLLYWOOD, FL 330213234 SWD URIBE, MANUEL	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANG WORSHIPFUL Manuel Ur; 20401 NE 30	Floring STO OFFICER MASTER be the Ave 33180-	da Department S AND DIRECT	ORS IN Change	10 Addition	
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TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND DIF WMD ESCUDERO, GERMAN D 5720 HOOD ST HOLLYWOOD, FL 330213234 SWD URIBE, MANUEL 20401 NE 30TH AVE APT 102#8 AVENTURA, FL 33180 SD MAURY, JOAQUIN F 6441 SW 35TH ST MIAMI, FL 33155	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG WORSHIPFUL Manuel Ur; 20401 NE 30 AVENTURA FL SENIOR WARD Evar; ito F 2578 W 49th Hialeah FL JUNIOR WARD LUIT Fernan 201 Racquet	Floring Florin	SAND DIRECT (D) 1522 .D) (D) (D) (D) (d #20	ORS IN Change Change Change	10 Addition Addition	
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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 charged, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION F. Maury

Daytime Phone #