

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10246

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202

Current Mailing Address:

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

New Mailing Address:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202

FEI Number: 59-1986706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, RICHARD EDWARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LYNN, RICHARD E
220 OCEAN ST
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: RICHARD E. LYNN

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: WMD () Delete
Name: PADRON, PORFIRIO F
Address: 840 W 36 ST
City-St-Zip: HIALEAH, FL 33012

Title: SWD () Delete
Name: VICENTE, ANGEL M
Address: 3651 NW 97 ST
City-St-Zip: MIAMI, FL 33147

Title: JWD (X) Delete
Name: PEREZ, NELSON P
Address: 840 W 36 ST
City-St-Zip: HIALEAH, FL 33012

Title: SD (X) Delete
Name: DOMINGUEZ, LUIS F
Address: 7530 SW 30 TERR
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Delete
Name: URIBE, MANUEL
Address: 20401 NE 30 AVE. APTD 102. BLDG 8
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: TELLEZ, RAFAEL
Address: 5733 SW 148TH COURT
City-St-Zip: MIAMI, FL 33193

Title: SD (X) Change () Addition
Name: OBREGON, HECTOR R
Address: 6525 SW 48TH ST
City-St-Zip: MIAMI, FL 331555914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

04/15/2009

Electronic Signature of Signing Officer or Director

Date