

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000011624

Entity Name: PERSEVERANCIA LODGE NO.413 INC.FREE AND ACCEPTED
MASONS OF FLORIDA**Current Principal Place of Business:**600 WEST 29 ST
HIALEAH, FL 33010**Current Mailing Address:**220 N OCEAN STREET
JACKSONVILLE, FL 32202**FEI Number: APPLIED FOR****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 N OCEAN STREET
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :****Title** DIRECTOR
Name PERARA, YOAN
Address 1870 E 1ST AVE
City-State-Zip: MIAMI FL 33010**Title** VP
Name YERO , LEONARD
Address 925 RUTLAND ST
City-State-Zip: OPA LOCKA FL 33054**Title** PRESIDENT
Name CARRIL-DOMINGUEZ, GIOSVEL A
Address 10230 NW 5TH ST
City-State-Zip: PEMBROKE PINES FL 33026**Title** TREASURER
Name ACOSTA, MARCOS
Address 12455 SW 93RD TERR
APT 207
City-State-Zip: MIAMI FL 33186**Title** SECRETARY
Name OLMEDO, MANUEL
Address 15555 MIAMI LAKEWAY N
APT 307
City-State-Zip: MIAMI LAKES FL 33014

I hereby 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 all other like empowered.

SIGNATURE: MANUEL OLMEDO**SECRETARY****01/20/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date