


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90123 011 \*\*\*\*61.25

**DOCUMENT # N02000005503**

1. Entity Name  
**HURRICANE LODGE NO. 401, INC. FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business  
**220 OCEAN STREET  
 JACKSONVILLE, FL 32202**

Mailing Address  
**C/O ROY CONNOR SHEPPARD  
 220 OCEAN STREET  
 JACKSONVILLE, FL 32202**

**50007124**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02032006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**54-2064163**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SHEPPARD, CONNOR  
 220 OCEAN STREET  
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME D UMLES, MARC E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1424 S BISCAYNE POINT RD	
CITY-ST-ZIP MIAMI BEACH, FL 33141	
TITLE NAME D KLONARIDES, GERARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 14711 PALMETTO PALM AVE	
CITY-ST-ZIP HIALEAH, FL 33014	
TITLE NAME D BARROSO, ANTONIO J	<input type="checkbox"/> Delete
STREET ADDRESS 5271 NW 186TH ST	
CITY-ST-ZIP OPA LOCKA, FL 33055	
TITLE NAME T CHARLES FAUST, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS PO BOX 3868	
CITY-ST-ZIP HIALEAH, FL 33013	
TITLE NAME S BASLER, JOSEPH F	<input type="checkbox"/> Delete
STREET ADDRESS 914 W 66 STREET	
CITY-ST-ZIP HIALEAH, FL 330126420	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS George Charles Faust	
CITY-ST-ZIP P O Box 133868 N/A Hialeah FL 33013-3868	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS John Wayne Borja Jr	
CITY-ST-ZIP 12361 SW 11th St Pembroke Pines FL 33025-576	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Joseph F Basler* Joseph F. Basler **3/7/06** (305)821 5124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #