

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90014 002 *****61.25
NO2000005503


2007 MAR 26 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # NO2000005503					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suits, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-2064163	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, GEORGE C		NAME	George Charles Faust	
STREET ADDRESS	PO BOX 133868		STREET ADDRESS	P O Box 133868 N/A	
CITY-ST-ZIP	HIALEAH, FL 330133868		CITY-ST-ZIP	Hialeah FL 33013-3868	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSA, JOHN W JR		NAME	John Wayne Borsa Jr	
STREET ADDRESS	12361 SW 11TH ST		STREET ADDRESS	5401 Johnson St	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025576		CITY-ST-ZIP	Hollywood FL 33021-5723	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROSO, ANTONIO J		NAME	Antonio Jose Barroso	
STREET ADDRESS	5271 NW 186TH ST		STREET ADDRESS	5271 NW 186th St	
CITY-ST-ZIP	OPA LOCKA, FL 33055		CITY-ST-ZIP	Miami FL 33055-2395	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASLER, JOSEPH F		NAME		
STREET ADDRESS	914 W 66 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 330126420		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Carlos Correa	
STREET ADDRESS			STREET ADDRESS	16460 SW 139th Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Miami FL 33177-2023	
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		
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: <u>Joseph F. Basler</u> Joseph F. Basler 3/5/07 (305)821-5124					