


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 006 ****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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip Country Zip Country

40022008



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
54-2064163

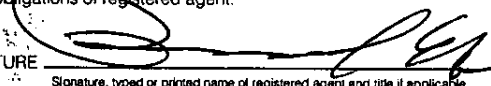
Applied For
 Not Applicable

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
**Lynn, Richard Edward
 220 Ocean Street
 Jacksonville, Florida 32202**

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  DATE **3/10/08**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 STREET ADDRESS CITY-ST-ZIP	TD FAUST, GEORGE C PO BOX 133868 HIALEAH, FL 330133868 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD BORSA, JOHN W JR 5401 JOHNSON ST HOLLYWOOD, FL 330215723 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD BARROSO, ANTONIO J 5271 NW 186TH ST OPA LOCKA, FL 330552395 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASLER, JOSEPH F 914 W 66 STREET HIALEAH, FL 330126420 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CORREA, CARLOS 16460 SW 139TH CT MIAMI, FL 331772023 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Marc Evan Umias 1424 S Biscayne Point Rd Miami Beach FL 33141-1746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Scott Lackey 2091 W 76th St Hialeah FL 33016-1834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Frank Basler 914 W 66th St Hialeah FL 33012-6470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carlos Correa 16460 SW 139th Ct Miami FL 33177-2023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/4/08** DAYTIME PHONE #: **305 821 5124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR