

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005503

**FILED**  
**Apr 08, 2019**  
**Secretary of State**  
**3293475507CC**

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

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

**FEI Number: 54-2064163**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 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 SECRETARY  
Name TABARES, ALEXANDER  
Address 13465 SW 90TH TERR  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name GONZALEZ, ERNESTO F  
Address 185 NW 13TH AVE APT 830  
City-State-Zip: MIAMI FL 33125

Title PRESIDENT  
Name LINARES, ALVARO E  
Address 14731 SW 154 TERR  
City-State-Zip: MIAMI FL 33187

Title VP  
Name GONZALEZ, ROBERT  
Address 6655 NW 39 ST  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title TREASURER  
Name COLLADO, WILLIAM  
Address 10284 NW 9 ST CIR #102  
City-State-Zip: MIAMI FL 33172

*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: ALEXANDER TABARES**

**SECRETARY**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date