

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
54-2064163

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Delete
D
UMLES, MARC E
STREET ADDRESS
1424 S BISCAYNE POINT RD
CITY-ST-ZIP
MIAMI BEACH, FL 33141

TITLE NAME ☒ Change ☐ Addition
WORSHIPFUL MASTER (D)
George Charles Faust
STREET ADDRESS
P O Box 133868 N/A
CITY-ST-ZIP
Hialeah FL 33013-3868

TITLE NAME ☒ Delete
D
KLONARIDES, GERARD
STREET ADDRESS
14711 PALMETTO PALM AVE
CITY-ST-ZIP
HIALEAH, FL 33014

TITLE NAME ☒ Change ☐ Addition
SENIOR WARDEN (D)
John Wayne Borja Jr
STREET ADDRESS
12361 SW 11th St
CITY-ST-ZIP
Pembroke Pines FL 33025-576

TITLE NAME ☐ Delete
D
BARROSO, ANTONIO J
STREET ADDRESS
5271 NW 186TH ST
CITY-ST-ZIP
OPA LOCKA, FL 33055

TITLE NAME ☐ Change ☐ Addition
Change ☐ Addition

TITLE NAME ☒ Delete
T
CHARLES FAUST, GEORGE
STREET ADDRESS
PO BOX 3868
CITY-ST-ZIP
HIALEAH, FL 33013

TITLE NAME ☐ Change ☐ Addition
Change ☐ Addition

TITLE NAME ☐ Delete
S
BASLER, JOSEPH F
STREET ADDRESS
914 W 66 STREET
CITY-ST-ZIP
HIALEAH, FL 330126420

TITLE NAME ☐ Change ☐ Addition
Change ☐ Addition

TITLE NAME ☐ Delete
Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
Change ☐ 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: **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 #