

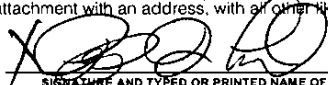


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90232 041 \*\*\*\*61.25

<b>DOCUMENT # N05000010122</b> 1. Entity Name SIRIUS SUNSHINE LODGE NO. 402, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business				Mailing Address	
2. Principal Place of Business <b>220 Ocean Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>220 Ocean Street</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>20-4012510</b>	
Zip <b>32202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR</b> <b>220 OCEAN STREET</b> <b>JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Worshipful Master (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cohen, Richard A. 6 Chesney Court Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Warden (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Anderson, Gordon P O Box 957 N/A Ormond Beach, FL 32175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Junior Warden (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Lorenz, Theodore P O Box 350822 N/A Palm Coast, FL 32135-0822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Chalick, Conrad 159 Birchwood Drive Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Lord, Phillip P O Box 353192 N/A Palm Coast, FL 32135-3192	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b>  <b>Philip R. Lord</b>			<b>4/27/2006 (386) 447-6599</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		