

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 004 ****61.25

DOCUMENT # N05000010122

1. Entity Name
**SIRIUS SUNSHINE LODGE NO. 402, INC., FREE AND
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business
**220 OCEAN STREET
JACKSONVILLE, FL 32202**

Mailing Address
**220 OCEAN STREET
JACKSONVILLE, FL 32202**

40049547

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-4012510

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, ROY 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, 2007**

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 ☒ Delete
NAME **D**
STREET ADDRESS **COHEN, RICHARD A**
CITY-ST-ZIP **6 CHESNEY CT
PALM COAST, FL 32137**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ANDERSON, GORDON**
CITY-ST-ZIP **P O BOX 957
ORMOND BEACH, FL 32175**

TITLE ☐ Delete
NAME ☒
STREET ADDRESS **D**
CITY-ST-ZIP **LORENZ, THEODORE
P O BOX 350822
PALM COAST, FL 32135**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CHALICK, CONRAD**
CITY-ST-ZIP **159 BIRCHWOOD DR
PALM COAST, FL 32137**

TITLE ☐ Delete
NAME ☒
STREET ADDRESS **S**
CITY-ST-ZIP **LORD, PHILLIP
P O BOX 353192
PALM COAST, FL 32135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~WILLIAM EDWARD LAIRD~~ (D)
STREET ADDRESS **William Edward Laird**
CITY-ST-ZIP **2 Patuxent Ln
Palm Coast FL 32164-7543**

TITLE ☐ Change ☒ Addition
NAME ~~DAVID ROSENTHAL~~ (D)
STREET ADDRESS **David Rosenthal**
CITY-ST-ZIP **10 Ripcord Ln
Palm Coast FL 32164-6510**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TREASURER** (D)
STREET ADDRESS **Howard Morton Goldman**
CITY-ST-ZIP **5 Felton Pl
Palm Coast FL 32137-9245**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Philip R. Lord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2007

Date

(386) 447-6599

Daytime Phone #