

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007825

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** COCOA LODGE #55, PHA, FREE AND ACCEPTED MASONS, INC.

**Current Principal Place of Business:**

408 STONE STREET  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, KENDALL T  
1290 FEDERAL HIGHWAY  
ROCKLEDGE, FL 32955 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIXON, JOSHUA  
Address: 2121 GRAND TETON BOULEVARD  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: GUILFORD, LARRY  
Address: 1818 HUDSON DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: SHAW, RONALD  
Address: 605 SOUTH FISKE BOULEVARD  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: DANIELS, ROBERT  
Address: 1044 GEORGE AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DANIELS

PRES

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date