## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007825

FILED Jan 17, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	IE STREET FL 32922			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
OCOA, F	7 FL 32922			
El Number:	: FE	I Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	l Address of Curre	ent Registered Agent:	Name and Address	of New Registered Agent:
290 FEDI	KENDALL T ERAL HIGHWAY OGE, FL 32955 U	JS		
	e named entity subm e of Florida.	nits this statement for the p	purpose of changing its register	red office or registered agent, or both,
the State	e of Florida.	nits this statement for the p	purpose of changing its register	red office or registered agent, or both,
the State	e of Florida. RE:	nits this statement for the properties of Registered Ag		red office or registered agent, or both,  Date
the State	e of Florida. RE:	gnature of Registered Ag	ent	
the State	e of Florida.  RE: Electronic Si	ignature of Registered Ag ( <b>S:</b> te	ent	Date
the State IGNATUF  FFICER: tte: ame: ddress:	e of Florida.  RE:  Electronic Si  S AND DIRECTOR  D () Dele  DIXON, JOSHUA 2121 GRAND TETON	ignature of Registered Ag  S:  te  I BOULEVARD 2935  te	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR
the State IGNATUR  FFICERS  ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic Si  S AND DIRECTOR  D () Dele DIXON, JOSHUA 2121 GRAND TETON MELBOURNE, FL 32  D () Dele GUILFORD, LARRY 1818 HUDSON DRIV	ignature of Registered Ag IS: te I BOULEVARD 2935 te E 2955	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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 D 01/17/2009