

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2010
Secretary of State**

DOCUMENT# C10021

Entity Name: HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 23-7526466 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LYNN, RICHARD E
220 OCEAN STREET
JACKSONVILLE, FL 32202 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: SD
Name: PORTER, THOMAS L
Address: 47 NORTH 6TH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: TD
Name: RACHEL, JAMES E
Address: 1020 KENTUCKY ST
City-St-Zip: HAINES CITY, FL 338442600

Title: JWD
Name: SASSER, LEWIS C JR
Address: 87 BREAM STREET
City-St-Zip: HAINES CITY, FL 338449621

Title: SWD
Name: LATIMER, ROBERT J
Address: P. O. BOX 306
City-St-Zip: LAKE HAMILTON, FL 338510306

Title: WMD
Name: CALZADA, JOSE E
Address: 37 WESTRIDGE ROAD
City-St-Zip: DAVENPORT, FL 338379747

I hereby 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 all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

02/21/2010

Electronic Signature of Signing Officer or Director

Date