

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2011  
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: HOWLAND, ROBERT A  
Address: P. O. BOX 52  
City-St-Zip: LAKE HAMILTON, FL 33851

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

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

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

Title: JWD  
Name: WHITE, DENNIS L  
Address: 267 SAHALLI COURT  
City-St-Zip: DAVENPORT, FL 33837

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

03/12/2011

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

\_\_\_\_\_ Date