

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10051

FILED  
Feb 21, 2010  
Secretary of State

**Entity Name:** BEAVER CREEK LODGE NO. 230 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:** 23-7526474      **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: WMD  
Name: ODUM, MELVIN R  
Address: 329 LULA BELLE LANE  
City-St-Zip: BEACH, FL 325484644

Title: TD  
Name: LANOUE, DAVID F  
Address: 974 LIGHTHOUSE CHURCH RD  
City-St-Zip: HOLT, FL 32564 0

Title: SD  
Name: BOYETT, GREGORY D  
Address: 88 DANIEL JOHNSON RD  
City-St-Zip: BAKER, FL 32531

Title: SWD  
Name: LANOUE, RICHARD H  
Address: 2269 TANGLEWOOD LANE  
City-St-Zip: CRESTVIEW, FL 32536

Title: JWD  
Name: BEAUCHAMP, ARTHUR J  
Address: 6884 HIGHWAY 85N  
City-St-Zip: LAUREL HILL, FL 32567

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