

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10060

FILED
Feb 09, 2009
Secretary of State

Entity Name: MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1390422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, RICHARD E
220 OCEAN ST
JACKSONVILLE, FL 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: SW () Delete
Name: THAMES, MARION E
Address: 8351 THAMES RD
City-St-Zip: BAKER, FL 325317203

Title: D () Delete
Name: LANOUE, DAVID F
Address: 974 LIGHTHOUSE CHURCH RD
City-St-Zip: HOLT, FL 325649389

Title: T () Delete
Name: PARKER, JOHN H
Address: 4306 JEWELS LANE
City-St-Zip: HOLT, FL 32564

Title: SD () Delete
Name: BROWN, JAMES E
Address: 1262 SEXTON DRIVE
City-St-Zip: BAKER, FL 32531

Title: JW () Delete
Name: CUNNINGHAM, LARRY M
Address: 7558 RED BARROW RD
City-St-Zip: BAKER, FL 325317506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SWD (X) Change () Addition
Name: HOLT, CLITON D
Address: 4474 COOPER LANE
City-St-Zip: HOLT, FL 32564

Title: JWD (X) Change () Addition
Name: DEAN, DANNY J
Address: 403 SERENE COURT
City-St-Zip: CRESTVIEW, FL 32539

Title: TD (X) Change () Addition
Name: PARKER, JOHN H
Address: 4306 JEWELS LANE
City-St-Zip: HOLT, FL 32564

Title: SD (X) Change () Addition
Name: BROWN, JAMES E
Address: P. O. BOX 261
City-St-Zip: BAKER, FL 325310261

Title: WMD (X) Change () Addition
Name: ARNETT, MARVIN E
Address: 4699 CIRCLE AVENUE
City-St-Zip: HOLT, FL 32564

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: RICHARD E. LYNN

GS

02/09/2009

Electronic Signature of Signing Officer or Director

Date