

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10094

FILED
Jan 27, 2010
Secretary of State

Entity Name: TROPICAL LODGE NO. 56 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:

P. O. BOX 1020
220 OCEAN ST.
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-1385498 **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: SPRADLING, ERNEST R
Address: 407 GRENIER DRIVE
City-St-Zip: NORTH FT MYERS, FL 33903

Title: JWD
Name: FLERX, JAMES V
Address: 17815 CHESTERFIELD ROAD
City-St-Zip: NORTH FT MYERS, FL 339174711

Title: TD
Name: CONNALLY, GERALD E
Address: 1920 VIRGINIA AVE., 901
City-St-Zip: FORT MYERS, FL 339012317

Title: SD
Name: FRIEDEN, RONALD G
Address: 3100 EVANS AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: SWD
Name: NELSON, RICHARD T
Address: 1920 VIRGINIA AVE #1003
City-St-Zip: FT MYERS, FL 33901

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

01/27/2010

Electronic Signature of Signing Officer or Director

Date