

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10156

FILED  
Jan 24, 2010  
Secretary of State

**Entity Name:** MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

220 OCEAN ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

220 OCEAN ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-1381586

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: JWD  
Name: PICK, TRACY M  
Address: 10655 S/E 95TH TERRACE  
City-St-Zip: BELLEVIEW, FL 344729440

Title: WMD  
Name: STRONG, RANDY B  
Address: P. O. BOX 1810  
City-St-Zip: BELLEVIEW, FL 344211810

Title: SWD  
Name: JONES, KENNETH L  
Address: 8 HEMLOCK TERRACE  
City-St-Zip: OCALA, FL 344729440

Title: SD  
Name: FERGUSON, SR, PAUL W SR  
Address: 1110 NE 42ND AVE  
City-St-Zip: OCALA, FL 344701055

Title: T  
Name: WILSON, PAUL E JR.  
Address: 604 SE 51ST AVE  
City-St-Zip: OCALA, FL 344713387

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

01/24/2010

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

\_\_\_\_\_  
Date