

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10216

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 23-7526334      **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: SWD  
Name: CALENDINE, CLARENCE E  
Address: 27043 NW 98TH STREET  
City-St-Zip: ALACHUA, FL 326153359

Title: S  
Name: MILULSKI, DAVID L  
Address: 3515 SW 39TH BLVD APT 3-C  
City-St-Zip: GAINESVILLE, FL 32608

Title: WM  
Name: HUFF, A W JR  
Address: 3609 NW 108TH BLVD  
City-St-Zip: GAINESVILLE, FL 326064933

Title: T  
Name: FAIRCLOTH, DONALD C  
Address: 4904 NW 38TH ST  
City-St-Zip: GAINESVILLE, FL 32605

Title: JWD  
Name: S[OTA;ERO, ANTHONY J  
Address: 21911 NW COUNTY ROAD 1493  
City-St-Zip: ALACHUA, FL 326154250

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

S

02/11/2012

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

\_\_\_\_\_ Date