# 2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

#### DOCUMENT# C10021

Entity Name: HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA

### Current Principal Place of Business:

RICHARD E. LYNN 220 OCEAN ST JACKSONVILLE, FL 32202

### **Current Mailing Address:**

RICHARD E. LYNN 220 OCEAN ST JACKSONVILLE, FL 32202

## FEI Number: 23-7526466

### Name and Address of Current Registered Agent:

#### LYNN, RICHARD E 220 OCEAN STREET JACKSONVILLE, FL 32202 US

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

## Officer/Director Detail :

	Title	SECRETARY	Title	TREASURER
	Name	HOWLAND, ROBERT A	Name	RACHEL, JAMES E
	Address	P. O. BOX 52	Address	1020 KENTUCKY ST
	City-State-Zip:	LAKE HAMILTON FL 33851	City-State-Zip:	HAINES CITY FL 33844-2600
	Title	DIRECTOR	Title	DIRECTOR
	Name	SUMMERLIN, CHARLES B	Name	ALDRIDGE, RUSSELL R
	Address	P. O. BOX 155	Address	28 NOTTINGHAM WAY
	City-State-Zip:	DAVENPORT FL 33836	City-State-Zip:	HAINES CITY FL 33844-9715
	Title	PRESIDENT		
	Name	WHITE, DENNIS L		
	Address	267 SAHALLI COURT		

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.

SECRETARY

# SIGNATURE: ROBERT A HOWLAND

City-State-Zip: DAVENPORT FL 33837

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 10, 2013 Secretary of State CC4836206120

Certificate of Status Desired: No