

2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10060

Entity Name: MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Feb 09, 2013
Secretary of State
CC2495412001**Current Principal Place of Business:**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202**FEI Number: 59-1390422****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN ST
JACKSONVILLE, FL 32201 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_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	ARNETT, MARVIN E
Address	4699 CIRCLE AVENUE
City-State-Zip:	HOLT FL 32564

Title	PRESIDENT
Name	JONES, WESLEY E
Address	5770 RYAN ROAD
City-State-Zip:	CRESTSVIEW FL 32536

Title	DIRECTOR
Name	CARROLL, ERNEST M
Address	6099 ROBBIN ROAD
City-State-Zip:	CRESTVIEW FL 32539

Title	SECRETARY
Name	VANLORYNEN, ROBERT L
Address	P. O. BOX 261
City-State-Zip:	BAKER FL 32531-0261

Title	DIRECTOR
Name	CARROLL, JERRY L
Address	6123 BUCK WARD ROAD
City-State-Zip:	BAKER FL 32531

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: ROBERT L VANLORYNEN**SECRETARY****02/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date