

2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10143

Entity Name: DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Jan 21, 2020
Secretary of State
7802727218CC**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 US**FEI Number: 59-1652886****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN ST
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_____
Date**Officer/Director Detail :**Title SECRETARY
Name MARSHALL, JIMMY D SR.
Address P. O. BOX 658
City-State-Zip: BLOUNTSTOWN FL 32424Title VP
Name ROACH, JAMES D
Address PO BOX 70
City-State-Zip: CLARKSVILLE FL 32430Title PRESIDENT
Name FORD, STEPHEN L
Address 11472 N/W FORD FARM TRL
City-State-Zip: BRISTOL FL 32321Title TREASURER
Name KILLINGSWORTH, JAMES L
Address 12153 SW COUNTY ROAD 275
City-State-Zip: BLOUNTSTOWN FL 32424

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: JIMMY D. MARSHALL, SR.**SECRETARY****01/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date