

**2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10143

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**4717806396CC**

**Entity Name:** DIXIE LODGE NO. 109, 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 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 32424

Title            PRESIDENT  
Name            ROACH, JAMES D  
Address        PO BOX 70  
City-State-Zip: CLARKSVILLE FL 32430

Title            VP  
Name            FORD, STEPHEN L  
Address        11472 N/W FORD FARM TRL  
City-State-Zip: BRISTOL FL 32321

Title            DIRECTOR  
Name            STRAWN, WILLIAM C  
Address        17752 N/E CHARLEY JOHNS ST  
City-State-Zip: BLOUNTSTOWN FL 32424

Title            TREASURER  
Name            SOSA, RUBEN  
Address        20373 NW STATE RD 73  
City-State-Zip: CLARKSVILLE FL 32430

*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**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date