

2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10143

Entity Name: DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Feb 04, 2018
Secretary of State
CC6816221873**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 DIRECTOR
Name FORD, STEPHEN L
Address 11472 N/W FORD FARM TRL
City-State-Zip: BRISTOL FL 32321Title TREASURER
Name SOSA, RUBEN
Address 20373 NW STATE RD 73
City-State-Zip: CLARKSVILLE FL 32430Title PRESIDENT
Name ROACH, JAMES D
Address PO BOX 70
City-State-Zip: CLARKSVILLE FL 32430Title DIRECTOR
Name STRAWN, WILLIAM C
Address 17752 N/E CHARLEY JOHNS ST
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****02/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date