

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10143

**Entity Name:** DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Mar 05, 2016**  
**Secretary of State**  
**CC0530430497**

**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           TREASURER  
Name           MEDINA, EFRAIN G  
Address        17921 NE SR 69  
City-State-Zip: BLOUNTSTOWN FL 32424

Title           SECRETARY  
Name           MARSHALL, JIMMY D  
Address        P. O. BOX 658  
City-State-Zip: BLOUNTSTOWN FL 32424

Title           PRESIDENT  
Name           KILLINGSWORTH, JAMES L  
Address        12153 S/W CR 275  
City-State-Zip: BLOUNTSTOWN FL 324245323

*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

**SECRETARY**

**03/05/2016**

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

\_\_\_\_\_  
Date