

2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10143

Entity Name: DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Jan 29, 2015
Secretary of State
CC7243727978**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 B.E SR 69
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	SECRETARY
Name	SOSA, RUBEN
Address	P. O. BOX 658
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	DIRECTOR
Name	DAVIS, JOHN T
Address	10148 N/W 1ST STREET
City-State-Zip:	BRISTOL FL 323213208

Title	PRESIDENT
Name	FLOWERS, ROY D
Address	P. O. BOX 207
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	DIRECTOR
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: RUBEN SOSA**SECRETARY****01/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date