

**2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10143

**Entity Name:** DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA**FILED**  
**Jan 16, 2021**  
**Secretary of State**  
**9973978453CC****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	PRESIDENT
Name	LAMPLE, MICHAEL L
Address	30803 SW CR 379
City-State-Zip:	BRISTOL FL 32321

Title	SECRETARY
Name	ROACH, JAMES D
Address	PO BOX 658
City-State-Zip:	BLOUNTSTOWN FL 32424

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

Title	TREASURER
Name	KILLINGSWORTH, JAMES L
Address	12153 SW COUNTY ROAD 275
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	DIRECTOR
Name	HAND, BILLY J
Address	11435 NW CR 287A
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: JAMES D. ROACH****SECRETARY****01/16/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date