

**2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10143

**FILED  
Jan 16, 2021  
Secretary of State  
9973978453CC**

**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            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