

2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10218

Entity Name: PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Jan 11, 2020
Secretary of State
5630879715CC**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**FEI Number: 23-7526333****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN STREET
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	BARBER, THEODORE M
Address	16768 S/E 91ST STREET
City-State-Zip:	LAKE BUTLER FL 32054-7702

Title	VP
Name	BERTINE, MURRAY EUGENE
Address	15298 SW CR 231
City-State-Zip:	BROOKER FL 32622

Title	TREASURER
Name	MCKIBBEN, JOHN R
Address	18511 NW 78TH AVE
City-State-Zip:	ALACHUA FL 32615

Title	DIRECTOR
Name	KRIBY, BRUCE W
Address	10831 SW 85TH CT
City-State-Zip:	GAINESVILLE FL 32608-5859

Title	PRESIDENT
Name	BARNES, MONROE E
Address	16759 SW 120TH STREET
City-State-Zip:	BROOKER FL 32622-0083

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: THEODORE M. BARBER**SECRETARY****01/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date