## 2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10218

Entity Name: PINE HILL LODGE NO. 9 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

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

**FILED** Feb 06, 2016

**Secretary of State** 

CC5734079297

## Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT** 

BARBER, THEODORE M HAINES, ROBERT L Name Name 16768 S/E 91ST STREET 14693 HID DUGGER RD Address Address City-State-Zip: City-State-Zip: SANDERSON FL 32087 LAKE BUTLER FL 32054-7702

Title **DIRECTOR** Title **TREASURER** Name ROE, ARLEY G MCKIBBEN, JOHN R Name

Address 10910 S/W 85TH COURT 18511 NW 78TH AVE Address City-State-Zip: GAINESVILLE FL 326085857 City-State-Zip: ALACHUA FL 32615

Title DIRECTOR

Name HAZEN, SIDNEY A

Address **PO BOX 242** 

LA CROSSE FL 32658-0242 City-State-Zip:

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** 

02/06/2016