

**2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10218

**Entity Name:** PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC7496725346****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	DIRECTOR
Name	HAINES, ROBERT L
Address	14693 HID-DUGGER RD
City-State-Zip:	SANDERSON FL 32087

Title	T
Name	TETSTONE, OTIS
Address	12102 SW COUNTY RD 235A
City-State-Zip:	BROOKER FL 32622

Title	DIRECTOR
Name	ROE, ASLEY G
Address	10910 S/W 85TH COURT
City-State-Zip:	GAINESVILLE FL 326085857

Title	PRESIDENT
Name	BERTINE, MURRY E
Address	15298 S/W CR 231
City-State-Zip:	BOOKER FL 32622

*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****01/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date