

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C10028

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** WEST FLORIDA LODGE NO. 210 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 23-7526460      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: JWD  
Name: MILLER, GENE R JR  
Address: P. O. BOX 491  
City-St-Zip: CANTONMENT, FL 325330491

Title: WMD  
Name: GANEY, JAMES J SR  
Address: 1443 NEWCASTLE WAY  
City-St-Zip: PENSACOLA, FL 325349393

Title: TD  
Name: MILLER, GENE R SR  
Address: 1505 BELL CREEK RD  
City-St-Zip: JAY, FL 325657700

Title: S  
Name: COTTEN, EDWARD M  
Address: 4045 WINDSOR LN  
City-St-Zip: MILTON, FL 325718838

Title: SWD  
Name: ALGEE, LAWRENCE W  
Address: 941 PINOAK LANE  
City-St-Zip: CANTONMENT, FL 325334724

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: RICHARD E. LYNN

GS

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date