

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10046

FILED  
Feb 08, 2009  
Secretary of State

**Entity Name:** POINCIANA LODGE NO. 227 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

POWCIANA LODGE  
#227 FD AM  
AVON PARK, FL 33825

**New Principal Place of Business:**

POINCIANA LODGE  
#227 FD AM  
AVON PARK, FL 33825

**Current Mailing Address:**

939 W MAIN ST  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 59-2290279      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LYNN, EDWARD  
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: D ( ) Delete  
Name: CRADDOCK, HOWARD  
Address: 1578 TANLEWOOD CIR  
City-St-Zip: SEBRING, FL 338729214

Title: JWD ( ) Delete  
Name: DALKE, JAMES L  
Address: 1608 BOOTH DR  
City-St-Zip: SEBRING, FL 338755718

Title: SD ( ) Delete  
Name: COLEMAN, THELBERT E  
Address: 1927 JERI KAY LN  
City-St-Zip: SEBRING, FL 338701911

Title: TD ( ) Delete  
Name: SECHRIST, JOHN I  
Address: 110 E THOMAS ST  
City-St-Zip: AVON PARK, FL 338250056

Title: WMD ( ) Delete  
Name: VOTAW, LARRY L  
Address: 328 GROVE CIR  
City-St-Zip: AVON PARK, FL 338252264

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY L. VOTAW

WMD

02/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date