

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

DOCUMENT# C10052

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** WINTER PARK LODGE NO. 239 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:** 23-7109073

**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: STEARNS, ALLEN  
Address: 9209 MURCOTT COURT  
City-St-Zip: ORLANDO, FL 32817

Title: SD  
Name: FISHER, HOBART F II  
Address: 1495 GRAND ROAD  
City-St-Zip: WINTER PARK, FL 327927330

Title: TD  
Name: KING, CHESTER A  
Address: 9878 BRODBECK BLVD  
City-St-Zip: ORLANDO, FL 32832

Title: SWD  
Name: CHAG, CHRISTOPHER P  
Address: 3306 CAMBAY AVE  
City-St-Zip: ORLANDO, FL 32817

Title: WMD  
Name: AVERY, MARK A  
Address: 2445 LAKE VISTA COURT #103  
City-St-Zip: CASSELBERRY, FL 327076472

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

02/23/2010

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

\_\_\_\_\_  
Date