

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10062

FILED  
Feb 19, 2012  
Secretary of State

**Entity Name:** BOYNTON LODGE NO. 236 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:** 59-1980138

**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: WMD  
Name: PARTRIDGE, BRAD A  
Address: 6665 CONCH COURT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD  
Name: KARROUM, JOHN E  
Address: 4814 ORCHARD LANDE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: JWD  
Name: GAMBARROTTI, MICHAEL R  
Address: 1384 PRIMROSE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: TD  
Name: MANDELL, ROBERT C  
Address: 5550 HOMELAND RD  
City-St-Zip: LAKE WORTH, FL 334678461

Title: SWD  
Name: WORK, BRIAN K  
Address: 7326 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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02/19/2012

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

\_\_\_\_\_  
Date