

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10076

FILED  
Feb 21, 2010  
Secretary of State

**Entity Name:** ALPHA LODGE NO. 172 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 23-7193180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNN, RICHARD E  
220 OCEAN ST  
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: SD  
Name: EASOM, ROBERT L  
Address: 204 NEWCASTLE DR  
City-St-Zip: FORT WALTON BEACH, FL 325472446

Title: JWD  
Name: NYSTROM, DONALD A  
Address: 515 WINTHROP STREET  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: WMD  
Name: TAYLOR, ALBERT  
Address: 741 BRIAN CIRCLE  
City-St-Zip: MARY ESTHER, FL 325691643

Title: TD  
Name: MCSWAIN, WILLIAM E  
Address: 203 MORIATITY STREET N.W.  
City-St-Zip: FORT WALTON BEACH, FL 325484214

Title: JWD  
Name: BURTON, ROBERT O  
Address: 360 BRIAN CIRCLE  
City-St-Zip: MARY ESTHER, FL 32569

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