

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C10089

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** SANDERSON LODGE NO. 122 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:** 23-7526414      **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: SWD  
Name: WILLIAMS, IVY G  
Address: CR 124 - 15311  
City-St-Zip: SANDERSON, FL 32087

Title: JWD  
Name: MANN, JOHN P  
Address: 14630 BOYCE ROAD  
City-St-Zip: GLENN ST MARY, FL 32040

Title: TD  
Name: DELA CRUZ, JOSEFINO N  
Address: P.O. BOX 7125  
City-St-Zip: JACKSONVILLE, FL 32238

Title: WMD  
Name: DAVIS, NOAH  
Address: 9192 NOAH DAVIS ROAD  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: SD  
Name: FOUNTAIN, MICHAEL  
Address: P. O. BOX 190  
City-St-Zip: SANDERSON, FL 32087

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

03/06/2011

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

\_\_\_\_\_  
Date