

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10092

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** LEESBURG LODGE NO. 58 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1020  
220 OCEAN STREET  
JACKSONVILLE, FL 32201 US

**New Mailing Address:**

**FEI Number:** 59-6139800

**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: WM  
Name: DUFF, LARRY D  
Address: 34003 PICCIOLA DRIVE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: JWD  
Name: ANGELOS, JAMES L  
Address: 32506 OAK PARK DRIVE  
City-St-Zip: LEESBURG, FL 347488761

Title: SD  
Name: SEVER, ROBERT D  
Address: P. O. BOX 985  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: SWD  
Name: ECOTT, RICHARD W  
Address: 34244 ROSA LANE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: TD  
Name: GRAVES, KENNETH J  
Address: 34240 ROSA LN  
City-St-Zip: FRUITLAND PARK, FL 347316138

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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02/12/2012

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

\_\_\_\_\_  
Date