

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10096

FILED
Feb 07, 2009
Secretary of State

Entity Name: HALIFAX LODGE NO. 81 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

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

Current Mailing Address:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Mailing Address:

RICHARD E LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202

FEI Number: 59-3313356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD, LYNN R
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

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: RICHARD E. LYNN

02/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SWD () Delete
Name: TRUHLAR, THOMAS W
Address: 2628 SPRUCE CREEK BLVD
City-St-Zip: PORT ORANGE, FL 321286781

Title: JWD () Delete
Name: TESORIERE, DOMINICK F
Address: PO BOX 265309
City-St-Zip: DAYTONA BEACH, FL 321265309

Title: D () Delete
Name: IRINEOU, STEVE
Address: 34 PALM LEAF LN
City-St-Zip: PALM COAST, FL 321647523

Title: TD () Delete
Name: RAUCH, BRADELY L
Address: 38 TIMBER TRAIL
City-St-Zip: PT ORANGE, FL 32127

Title: SD () Delete
Name: EVANS, WILLIAM J
Address: PO BOX 185
City-St-Zip: DAYTONA BEACH, FL 321150185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: TRUHLAR, THOMAS W
Address: 2628 SPRUCE CREEK BLVD
City-St-Zip: PORT ORANGE, FL 321286781

Title: SWD (X) Change () Addition
Name: TESORIERE, DOMINICK F
Address: PO BOX 265309
City-St-Zip: DAYTONA BEACH, FL 321265309

Title: JWD (X) Change () Addition
Name: PETROV, STEVAN JR
Address: 115 MARIE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

02/07/2009

Electronic Signature of Signing Officer or Director

Date