

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C10100

**FILED**  
**Feb 14, 2010**  
**Secretary of State**

**Entity Name:** ASHLAR LODGE NO. 98 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:** 59-6481268

**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: JWD  
Name: KING, SHAWN W  
Address: P. O. BOX 3355  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: WMD  
Name: TAYLOR, WADE  
Address: 356 SUMMERCove CIR  
City-St-Zip: SAINT AUGUSTINE, FL 320865352

Title: SWD  
Name: BURNEY, JACKSON K  
Address: 2345 DEERWOOD LANE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TD  
Name: USINA, TROY J  
Address: 2161 SR 16  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD  
Name: PIERUCCI, DAVID V  
Address: 5906 RIO ROYALLE RD  
City-St-Zip: SAINT AUGUSTINE, FL 320807304

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

02/14/2010

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

\_\_\_\_\_  
Date