

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10108

FILED  
Feb 14, 2010  
Secretary of State

**Entity Name:** TRILBY LODGE NO. 141 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:** 80-0507339      **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: DRAGNEFF, JOHN N  
Address: 4518 STATE RD 50  
City-St-Zip: WEBSTER, FL 33597

Title: WMD  
Name: BARNES, MICHAEL W  
Address: 36653 PALM ST  
City-St-Zip: DADE CITY, FL 335254553

Title: TD  
Name: JORDAN, TOMMY V JR  
Address: 40500 MESSICK ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: SWD  
Name: LINDNER, PATRICK A  
Address: P. O. BOX 1431  
City-St-Zip: DADE CITY, FL 335261431

Title: TD  
Name: JORDAN, TOMMY V JR  
Address: 40500 MESSICK RAOD  
City-St-Zip: DADE CITY, FL 33525

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