

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10117

FILED
Mar 07, 2009
Secretary of State

Entity Name: BOWLING GREEN LODGE NO. 121 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: 23-7526413

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 () Delete
Name: TOOLE, COURTNEY E
Address: 4349 CR 664
City-St-Zip: BOWLING GREEN, FL 33834

Title: WMD () Delete
Name: ALBRITTON, ROY F
Address: 2650 KELSEY RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: D () Delete
Name: HOPKINS SR, JACK D
Address: 1121 ROYAL LN
City-St-Zip: BOWLING GREEN, FL 338347057

Title: SD () Delete
Name: EURES, JAMES H
Address: P.O. BOX 764
City-St-Zip: BOWLING GREEN, FL 338349508

Title: T () Delete
Name: COOK, THOMAS H
Address: P O BOX 1554
City-St-Zip: BOWLING GREEN, FL 338341554

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: JWD (X) Change () Addition
Name: HOPKINS SR, JACK D
Address: 1121 ROYAL LN
City-St-Zip: BOWLING GREEN, FL 338347057

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

Title: TD (X) Change () Addition
Name: COOK, THOMAS H
Address: P O BOX 1554
City-St-Zip: BOWLING GREEN, FL 338341554

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

03/07/2009

Electronic Signature of Signing Officer or Director

Date