

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10132

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: JOHN M. CALDWELL LODGE NO. 70 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: 23-7526371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNN, RICHARD E  
220 OCEAN ST  
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: D/SW ( ) Delete  
Name: HAND, THOMAS  
Address: 7044 NW 22ND PL  
City-St-Zip: JENNINGS, FL 320532335

Title: D (X) Delete  
Name: HAND, HENRY D  
Address: 12125 SE 50TH DR  
City-St-Zip: JASPER, FL 320526741

Title: TD ( ) Delete  
Name: STEWART, HARRY E  
Address: 5544 S.E. 119TH PLACE  
City-St-Zip: JASPER, FL 32052

Title: D ( ) Delete  
Name: NIMS, WILBUR M  
Address: 16311 80TH ST  
City-St-Zip: LIVE OAK, FL 32060

Title: S (X) Delete  
Name: WILLIAMS, MICHAEL D  
Address: 12638 ROBERT ST  
City-St-Zip: WHITE SPRINGS, FL 320962104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change ( ) Addition  
Name: HAND, THOMAS  
Address: 7044 NW 22ND PL  
City-St-Zip: JENNINGS, FL 320532335

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

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

Title: SD (X) Change ( ) Addition  
Name: NIMS, WILBUR M  
Address: P. O. BOX 850  
City-St-Zip: LIVE OAK, FL 32060

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date