2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2011
Secretary of State

DOCUMENT# C10137

Entity Name: PONCE DE LEON LODGE NO. 157 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: 23-7526433 **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
Name: RAY, WALTER L
Address: 9613 STATE HWY 81
City-St-Zip: PONCE DE LEON, FL 32455

Title: JWD
Name: TAYLOR, BRUCE E
Address: 1852 REASON MAYO LANE
City-St-Zip: PONCE DE LEON, FL 32455

Title: TD
Name: CURRY, GEORGE F
Address: 2826 IREBE STREET
City-St-Zip: PONCE DE LEON, FL 32455

Title: SD
Name: WARD, HERTIS P
Address: 2966 COUNTY HWY., 181-C
City-St-Zip: PONCE DE LEON, FL 324552802

Title: WMD
Name: BYRD, ARCHIE D
Address: 2822 OLD MILL ROAD
City-St-Zip: PONCE DE LEON, FL 32455

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 03/06/2011
Electronic Signature of Signing Officer or Director Date