

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10140

FILED  
Feb 18, 2012  
Secretary of State

**Entity Name:** ACACIA LODGE NO. 163 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN STREET N  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN STREET N  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 59-1692195      **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: SWD  
Name: PICKFORD, JOHN D  
Address: 137 S/W EAST DANVILLE CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: JWD  
Name: KIEFER, FRANK E  
Address: 2961 S/W BRIGHTON WAY  
City-St-Zip: PALM CITY, FL 34990

Title: WMD  
Name: LEBECK, G K  
Address: 8711 S/E EAGLE AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD  
Name: GEIGER, OTIS B  
Address: 1733 S/W 32ND TERRACE  
City-St-Zip: PALM CITY, FL 34990

Title: SD  
Name: FRIEND, PAUL W  
Address: P. O. BOX 2415  
City-St-Zip: STUART, FL 349952415

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

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02/18/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date