2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# C10158

Entity Name: WAUCHULA LODGE NO. 17 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-6145254 **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: JW ( ) Delete
Name: SPENCER, ROBERT A
Address: 205 N. 8TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: WM ( ) Delete
Name: LACKEY, GEORGE N SR
Address: 617 E BAY ST
City-St-Zip: WAUCHULA, FL 338733212

Title: S ( ) Delete
Name: MARTIN, J A JR
Address: P.O. BOX 1708
City-St-Zip: WAUCHULA, FL 338731708

Title: T ( ) Delete
Name: HODGE, WILLIAM E
Address: 754 SUMNER RD
City-St-Zip: WAUCHULA, FL 33873

Title: SW ( ) Delete
Name: WHATLEY, MATHEW D
Address: P. O. BOX 564
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM E. HODGE T 04/14/2009
Electronic Signature of Signing Officer or Director — Date