

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10168

FILED  
Mar 13, 2010  
Secretary of State

**Entity Name:** PINE CASTLE LODGE NO. 368 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:** 23-7526579

**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: JWD  
Name: JOHNSON, ARTHUR L  
Address: 5319 HANSELL AVE, #E-7  
City-St-Zip: ORLANDO, FL 32809

Title: WMD  
Name: RUSHTON, GERRY C  
Address: 193 PARKWOOD PL  
City-St-Zip: ORLANDO, FL 328398303

Title: SWD  
Name: WHITE, RANDALL E  
Address: 4798 DEER ROAD  
City-St-Zip: ORLANDO, FL 328128209

Title: TD  
Name: GUEST, JAMES A  
Address: 473 AMERICAN HERITAGE COURT  
City-St-Zip: ORLANDO, FL 32809

Title: SD  
Name: BRIM, BURTON G  
Address: P. O. BOX 593681  
City-St-Zip: ORLANDO, FL 328593681

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

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date