

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10169

FILED
Apr 01, 2011
Secretary of State

Entity Name: CAPE CORAL LODGE NO. 367 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: 59-1376243 **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 N.
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: WMD
Name: BLAISDELL, MATTHEW F
Address: 426 SW 46TH TERRACE
City-St-Zip: CAPE CORAL, FL 339146465

Title: SWD
Name: RAPANOS, JONAS J
Address: 612 SW 35TH TERRACE
City-St-Zip: CAPE CORAL, FL 339145353

Title: JWD
Name: MOSCHINI, ROBERT N
Address: 907 N/E 11TH STREET
City-St-Zip: CAPE CORAL, FL 339091457

Title: TD
Name: TICE, RONALD W
Address: P. O. BOX 1000046
City-St-Zip: CAPE CORAL, FL 339100046

Title: SD
Name: WOLFFE, DAVID W
Address: 3327 S/E SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 339044171

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

04/01/2011

Electronic Signature of Signing Officer or Director

Date