

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10170

FILED
Mar 07, 2009
Secretary of State

Entity Name: WELLBORN LODGE NO. 13 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

C/O RAY CONNER SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

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

Current Mailing Address:

C/O RAY CONNER SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Mailing Address:

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

FEI Number: 58-1622384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

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: RICHARD E. LYNN

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: JW () Delete
Name: CONNER, LEO
Address: 897 SW JAFUS AVE
City-St-Zip: LAKE CITY, FL 32024

Title: D/JW () Delete
Name: SKIPPER, ROBERT
Address: 415 CORBIN AVE
City-St-Zip: LIVE OAK, FL 320642611

Title: DS () Delete
Name: FRALICK, JUANICE
Address: 4548 126TH PLACE
City-St-Zip: WELLBORN, FL 32094

Title: TD () Delete
Name: GAYLARD, FRED O
Address: 4575 LOWE LAKE ROAD
City-St-Zip: WELLBORN, FL 32094

Title: SW () Delete
Name: GREENE, JAMES A
Address: 1021 NW EVERETT TER
City-St-Zip: WHITE SPRINGS, FL 320968400

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: CONNER, LEO
Address: 897 SW JAFUS AVE
City-St-Zip: LAKE CITY, FL 32024

Title: SWD (X) Change () Addition
Name: SKIPPER, ROBERT
Address: 415 CORBIN AVE
City-St-Zip: LIVE OAK, FL 320642611

Title: SD (X) Change () Addition
Name: FRALICK, JUANICE
Address: 4548 126TH PLACE #A
City-St-Zip: WELLBORN, FL 32094

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

Title: JWD (X) Change () Addition
Name: MOORE, FRANK K
Address: P. O. BOX 1216
City-St-Zip: LAKE CITY, FL 320561216

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: RICHARD E. LYNN

GS

03/07/2009

Electronic Signature of Signing Officer or Director

Date