2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10187

FILED Feb 08, 2009 Secretary of State

Entity Name: TARPON LODGE NO. 112 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business: New Principal Place of Business:

C/O ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

C/O ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

FEI Number: 59-2387667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNN, RICHARD E 220 OCEAN STREET JACKSONVILLLE, 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

SW () Delete YARBROUGH, BILL W YARBROUGH, BILL W JR Name: Name: 340 PALMDALE DR Address: 340 PALMDALE DR Address: City-St-Zip: OLDSMAR, FL 346772050 City-St-Zip: OLDSMAR, FL 346772050

(X) Change () Addition Title: JW () Delete Title: SWD EKREN, WAYNE Name: EKREN, WAYNE Name:

Address: 11302 LAKEVIEW DR Address: 9330 REGENCY PARK BLVD City-St-Zip: NEW PORT RICHEY, FL 346543626 City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete Title: (X) Change () Addition CLYDE HENDERSON, PHILLIP HENDERSON, PHILLIP C Name: Name: 447 WHISPERING LAKES BLVD 447 WHISPERING LAKES BLVD Address: Address: City-St-Zip: TARPON SPRINGS, FL 346889019 City-St-Zip: TARPON SPRINGS, FL 346889019

() Delete Title: Title: JWD (X) Change () Addition ASHCROFT, EUGENE E GRUND, NATHAN A Name: Name:

3839 BEECHWOOD DRIVE 6328 WERNER DRIVE Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: NEW PORT RICHEY, FL 346522152

Title: () Delete (X) Change () Addition GERALD, LEE M LEE, GERALD M Name: Name: P.O. BOX 1027 P.O. BOX 1027 Address: Address:

TARPON SPRINGS, FL 34688 City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34688

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.

Title:

SIGNATURE: RICHARD E. LYNN GS 02/08/2009