

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2011  
Secretary of State**

DOCUMENT# C10193

**Entity Name:** LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-2264867      **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: SWD  
Name: WELKER, KENNETH L  
Address: 25333 ROLLING OAK ROAD  
City-St-Zip: SORRENTO, FL 327769261

Title: TD  
Name: GRAY, RODNEY M  
Address: 1342 CORONET DRIVE  
City-St-Zip: DELTONA, FL 327257405

Title: JWD  
Name: ACKERMAN, JOSHUA A  
Address: 807 COLTRA LANE  
City-St-Zip: DELATONA, FL 327253359

Title: WMD  
Name: TURLINGTON, THOMAS L JR  
Address: 602 SULLIVANT STREET  
City-St-Zip: DELTONA, FL 327253210

Title: SD  
Name: NASH, JAMES A  
Address: P. O. BOX 6523  
City-St-Zip: DELTONA, FL 327286523

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