

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10222

FILED  
Feb 18, 2012  
Secretary of State

**Entity Name:** CORINTHIAN LODGE NO. 191 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:** 59-1978974      **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: VELAZQUEZ, VICTOR J  
Address: 3400 WELLS ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: TD  
Name: DONALDSON, TODD A  
Address: 4611 TURNER ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: WMD  
Name: LAMB, HENRY J  
Address: 501 N CHURCH AVENUE  
City-St-Zip: MULBERRY, FL 338602421

Title: SWD  
Name: BECKER, JOHN C  
Address: 5916 SPRING LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33811

Title: SD  
Name: LAPRAIRIE, MICHAEL R  
Address: P. O. BOX 3  
City-St-Zip: MULBERRY, FL 338600003

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

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02/18/2012

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

\_\_\_\_\_  
Date