

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10248

FILED  
Jan 24, 2010  
Secretary of State

**Entity Name:** HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1020  
220 OCEAN ST.  
JACKSONVILLE, FL 32201 US

**New Mailing Address:**

**FEI Number:** 59-3123316

**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: WILLIAMS, ALTON K III  
Address: 8827 145TH DRIVE  
City-St-Zip: LIVE OAK, FL 320606219

Title: JWD  
Name: WHITE, WILLIAM F JR  
Address: 16175 104TH STREET  
City-St-Zip: LIVE OAK, FL 320606241

Title: SD  
Name: MOTT, DONALD D  
Address: 23110 102ND PL  
City-St-Zip: LIVE OAK, FL 320605822

Title: TD  
Name: HOWELL, MURL R  
Address: 11288 235TH DR  
City-St-Zip: LIVE OAK, FL 32060

Title: WMD  
Name: HARRIS, BRODY C III  
Address: 9002 141ST DRIVE  
City-St-Zip: LIVE OAK, FL 320606352

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: RICHARAD E. LYNN

GS

01/24/2010

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

\_\_\_\_\_  
Date