

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10253

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** ORION LODGE NO. 40 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:**

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

**New Mailing Address:**

**FEI Number:** 23-7526350

**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: SD  
Name: KING, RICHARD W  
Address: P.O. BOX 323  
City-St-Zip: CHIPLEY, FL 32201

Title: TD  
Name: SKIPPER, ARTHUR L  
Address: 1810 PILGRIM RD  
City-St-Zip: COTTONDALE, FL 32431

Title: JWD  
Name: CLARK, BILLY J  
Address: P. O. BOX 853  
City-St-Zip: CHIPLEY, FL 32428

Title: SWD  
Name: WAITS, JASON A  
Address: 850 FALLING WATERS ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: WM  
Name: ANDERSON, TODD E  
Address: 676 HWY 90  
City-St-Zip: CHIPLEY, FL 32428

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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02/11/2012

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

\_\_\_\_\_  
Date