

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C10257

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** CALLAWAY LODGE NO. 369 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:** 23-7526580      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LYNN, RICHARD E  
220 OCEAN ST  
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: D'ALBERTIS, MICHAEL A  
Address: 229 OXNARD AVENUE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SWD  
Name: CASTOR, WILLIAM F  
Address: 6611 CHIPEWA STREET  
City-St-Zip: CALLAWAY, FL 324048012

Title: TD  
Name: WAZLAVEK, ROBERT H  
Address: 1519 CEDAR AVE.  
City-St-Zip: PARKER, FL 324047302

Title: WMD  
Name: THOMAS, MICHAEL  
Address: 3538 C STREET  
City-St-Zip: PANAMA CITY, FL 32404

Title: SD  
Name: CUTLER, ROBERT H  
Address: 8080 S GAY AVE  
City-St-Zip: PANAMA CITY, FL 32404

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

03/13/2010

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

\_\_\_\_\_  
Date