

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

**FILED  
Feb 13, 2011  
Secretary of State**

**DOCUMENT# C10259**

**Entity Name:** BRADFORD LODGE NO. 35 FREE AND ACCPETED 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:** 23-7526346      **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: SD  
Name: RATLIFF, THOMAS R  
Address: 6834 NW 267TH STREET  
City-St-Zip: LAWTEY, FL 32058

Title: SWD  
Name: BROWNING, CHARLES S  
Address: 9235 NW 185TH STREET  
City-St-Zip: STARKE, FL 32091

Title: JWD  
Name: ROBERTS, CHARLES S  
Address: 986 N. TEMPLE AVE  
City-St-Zip: STARKE, FL 32091

Title: TD  
Name: WESTCOTT, WALTER E JR  
Address: PO BOX 173  
City-St-Zip: STARKE, FL 320910173

Title: WMD  
Name: CAMACHO, FRANCISCO T  
Address: 3241 NW 233RD STREET  
City-St-Zip: LAWTEY, FL 320583014

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

SEC

02/13/2011

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

\_\_\_\_\_  
Date