

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10266

FILED  
Feb 27, 2011  
Secretary of State

**Entity Name:** LAKE BUTLER LODGE NO. 52 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:**

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

**New Mailing Address:**

**FEI Number:** 23-7526361

**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: WMD  
Name: GIEBEIG, TIMOTHY D  
Address: 9217 SW 113TH AVENUE  
City-St-Zip: LAKE BUTLER, FL 320547414

Title: SWD  
Name: COUTS, GERALD  
Address: 7812 S/W CR 245  
City-St-Zip: LAKE BUTLER, FL 32054

Title: JWD  
Name: CLYATT, KENNETH M JR  
Address: 12359 S/W CR 239A  
City-St-Zip: LAKE BUTLER, FL 32054

Title: SD  
Name: ALVAREZ, LEAMAN E  
Address: 325 WEST MAIN STREET  
City-St-Zip: LAKE BUTLER, FL 320541642

Title: TD  
Name: COODY, COLAN L  
Address: 6389 S/W CR 239  
City-St-Zip: LAKE BUTLER, FL 32054

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

02/27/2011

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

\_\_\_\_\_  
Date