

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10278

FILED  
Feb 28, 2010  
Secretary of State

**Entity Name:** ROE FULKERSON LODGE NO. 299 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:** 23-7193185

**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: SWD  
Name: DIXON, PHILLIP A  
Address: 401 N/W 83RD WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: JWD  
Name: CAMAC, TIMOTHY A  
Address: 3660 EAST FORGE ROAD  
City-St-Zip: DAVIE, FL 33328

Title: WMD-  
Name: DAVIES, STEWART  
Address: 10154 WHITE WATER LILLY WAY  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD  
Name: FINE, WALLACE T  
Address: 8611 PASADENA BLVD.  
City-St-Zip: PEMBROKE PINES, FL 330243338

Title: SD  
Name: MARTI, WILLIAM A  
Address: 811 GLENN PARKWAY  
City-St-Zip: HOLLYWOOD, FL 330215626

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

02/28/2010

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

\_\_\_\_\_  
Date