

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10285

FILED
Mar 31, 2009
Secretary of State

Entity Name: GRACEVILLE LODGE NO. 284 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

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

Current Mailing Address:

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202 US

New Mailing Address:

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

FEI Number: 23-7526510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, RICHARD
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LYNN, RICHARD E
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

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: RICHARD E. LYNN

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: WMD () Delete
Name: CLIFTON BELL, CHARLIE
Address: 1130 SELMA CHURCH RD
City-St-Zip: GRACEVILLE, FL 32440

Title: SWD () Delete
Name: SKIPPER, RANDY L
Address: P.O. BOX 220
City-St-Zip: NOMA, FL 324520074

Title: JWD () Delete
Name: HAYES, JAMES H
Address: P.O. BOX 80
City-St-Zip: NOMA, FL 324520080

Title: TD () Delete
Name: SKIPPER, GEORGE T
Address: PO BOX 52
City-St-Zip: NOMA, FL 324520052

Title: SD () Delete
Name: LAWSON SKIPPER, ROBERT
Address: P.O. BOX 74
City-St-Zip: NOMA, FL 324520074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: BELL, CHARLIE C
Address: 1130 SELMA CHURCH RD
City-St-Zip: GRACEVILLE, FL 32440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SKIPPER, ROBERT L
Address: P. O. BOX 301
City-St-Zip: GRACEVILLE, FL 324400301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

03/31/2009

Electronic Signature of Signing Officer or Director

Date