

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10289

FILED
Mar 01, 2009
Secretary of State

Entity Name: PLACID LODGE NO. 282 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Current Mailing Address:

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: 23-7526508

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: D () Delete
Name: MILLER, JAMES A
Address: 35 COVE RD
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: OSBOURNE, DOUGLAS
Address: 301 BEAUVILLE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: MARGETTS, PHILLIP
Address: 303 BEAUVILLE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: WARDEN, JUNIOR
Address: 649 S LAKEVIEW BOZEMAN
City-St-Zip: LAKE PLACID, FL 33852

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: WILSON, DEVIN L
Address: 647 HIGHLANDS LAKE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: TD (X) Change () Addition
Name: HOSTETLER, MARK W
Address: 828 HALLMARK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

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

Title: JWD (X) Change () Addition
Name: HENDERSON, LEE E
Address: 16 CREPE MYRTLE STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: SWD () Change (X) Addition
Name: BOZEMAN, WESLEY N
Address: 649 SOUTH LAKEVIEW ROAD
City-St-Zip: LAKE PLACID, FL 33852

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

03/01/2009

Electronic Signature of Signing Officer or Director

Date