## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10294

FILED Mar 15, 2009 Secretary of State

Entity Name: LEHIGH ACRES LODGE NO. 344 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business: New Principal Place of Business:

C/O ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

C/O ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

FEI Number: 59-1379537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDWARD, LYNN R

220 OCEAN STREET

LYNN, RICHARD E

220 OCEAN STREET

JACKSONVILLE, FL 32202 US 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 03/15/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: SWD (X) Change ( ) Addition

Name: AYERS, CLIFF A
Address: 616 GRANT AVE

Name: AYERS, CLIFF A
Address: 616 GRANT AVE

City-St-Zip: LEHIGH ACRES, FL 339725406 City-St-Zip: LEHIGH ACRES, FL 339725406

Title: WM ( ) Delete Title: JWD (X) Change ( ) Addition

 Name:
 WALTMAN, GUY E
 Name:
 HOLLINGER, JASON M

 Address:
 314 N GREENWOOD AVE
 Address:
 5535 BANNING STREET

 City-St-Zip:
 LEHIGH ACRES, FL 339361431
 City-St-Zip:
 LEHIGH ACRES, FL 339716472

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

Name: POKORNY, ARTHUR Name:

Address: 315 5TH AVE Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip:

Title: SW ( ) Delete Title: WMD (X) Change ( ) Addition

 Name:
 CARTER, JOHN J
 Name:
 CARTER, JOHN J

 Address:
 417 LAKE AVE
 417 LAKE AVE

City-St-Zip: LEHIGH ACRES, FL 339724039 City-St-Zip: LEHIGH ACRES, FL 339724039

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

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 03/15/2009