

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10308

FILED  
Mar 06, 2010  
Secretary of State

**Entity Name:** BAY LODGE NO. 337 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:** 23-7526552      **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: SWD  
Name: LAVIGNE, RICHARD B  
Address: 5119 RACHELLE CIRCLE  
City-St-Zip: PANAMA CITY, FL 324046865

Title: JWD  
Name: KUBOWITSCH, JOSEPH E  
Address: P. O. BOX 10413  
City-St-Zip: PANAMA CITY, FL 32404

Title: WMD  
Name: COLLINS, III, PERRY B  
Address: 3020 KINGSWOOD DR  
City-St-Zip: PANAMA CITY, FL 324052026

Title: TD  
Name: DUKES, JAMES C  
Address: 2336 WASHINGTON STREET  
City-St-Zip: LYNN HAVEN, FL 324443053

Title: SD  
Name: BROWN, EDWARD L  
Address: P. O. BOX 2118  
City-St-Zip: PANAMA CITY, FL 32402

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

03/06/2010

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

\_\_\_\_\_  
Date