# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2010**
**Secretary of State**

DOCUMENT# C10312

**Entity Name:** CRAWFORD LODGE NO. 294 FREE AND ACCEPTED MASONS OF FLOIRDA

**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: 59-3056306** **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: JWD
Name: ARAGON, JASON S
Address: 456 SUMMERWIND CIRCLE N
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SWD
Name: SMITH, JAMES W
Address: 476 E. IVAN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: WMD
Name: MEISTER, JOHN R
Address: 85 TAFLINGER DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD
Name: GLOVER, LAWRENCE T
Address: P.O. BOX 1357 N/A
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SD
Name: ALLSHOUSE, GARRETT WAYNE
Address: 76 EDGEWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 323272575

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