

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10312

FILED
Mar 26, 2011
Secretary of State

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: SWD
Name: ARAGON, JASON S
Address: 456 SUMMERWIND CIRCLE N
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: JWD
Name: CREECH, HENRY N
Address: P. O. BOX 1446
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: TD
Name: MEISTER, JACOB W
Address: 885 TAFFLINGER DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

03/26/2011

Electronic Signature of Signing Officer or Director

Date