

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10332

FILED  
Mar 06, 2010  
Secretary of State

**Entity Name:** FERRY PASS LODGE NO. 348 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2353178      **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: COBB, CHARLES H  
Address: 1240 DYBMIN STREET  
City-St-Zip: PENSACOLA, FL 325046620

Title: JWD  
Name: BAKER, JAMES G  
Address: 9628 HUMMINGBIRD BLVD  
City-St-Zip: PENSACOLA, FL 325141409

Title: WMD  
Name: PAULCHEK, WILLIAM R SR  
Address: 7451 LANIER DRIVE  
City-St-Zip: PENSACOLA, FL 325046469

Title: TD  
Name: POWELL, EARL A  
Address: 106 CAMDEN ROAD  
City-St-Zip: PENSACOLA, FL 32534

Title: SD  
Name: SWINNEY, JAMES R  
Address: 5977 BORN DR  
City-St-Zip: PENSACOLA, FL 325046345

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