2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10342

FILED Mar 01, 2009 Secretary of State

Entity Name: FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED MASONS OF FLOIRDA

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

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:

ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

FEI Number: 59-6143121 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 LYNN, RICHARD E 220 OCEAN STREET 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 03/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T () Delete Title: TD (X) Change () Addition

 Name:
 MOORE, ROBERT I
 Name:
 AMATO, EDWIN J

 Address:
 133 CONNIE AVE.
 Address:
 10901 ELLIOT STREET

 City-St-Zip:
 TAMPA, FL 336131608
 City-St-Zip:
 RIVERVIEW, FL 33568

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

Name: TORGERSON, GERALD L Name: POWELL, HUGHES L
Address: HUGHES LAWRENCE POWELL JR. Address: 62395 MANHATTEN AVENUE

City-St-Zip: TAMPA, FL 33616 City-St-Zip: TAMPA, FL 33616

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

 Name:
 FUSCO, DOUGLAS A
 Name:

 Address:
 13931 CHANDRON DR.
 Address:

 City-St-Zip:
 ODESSA, FL 335564327
 City-St-Zip:

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

 Name:
 EDSON, STEPHEN D
 Name:
 EDSON, STEPHEN D

 Address:
 3105 LAKE STONE DR.
 Address:
 3105 LAKE STONE DR.

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

Title: S () Delete Title: () Change () Addition

 Name:
 HAMM, CHARLES N
 Name:

 Address:
 16460 OFFENHOUR RD
 Address:

 City-St-Zip:
 ODESSA, FL 335562308
 City-St-Zip:

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 03/01/2009