

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C10342

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

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

**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:** 59-6143121

**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: TD  
Name: AMATO, EDWIN J  
Address: 10901 ELLIOT STREET  
City-St-Zip: RIVERVIEW, FL 335684486

Title: JWD  
Name: PAPY, JASON  
Address: 532 CAMPHOR COVE DRIVE  
City-St-Zip: LUTZ, FL 335495800

Title: WMD  
Name: PLOTZ, STEVEN L  
Address: 8466 FANTASIA PARK WAY  
City-St-Zip: RIVERVIEW, FL 335788880

Title: SD  
Name: EDSON, STEPHEN D  
Address: 306 NORTH LINCOLN AVE  
City-St-Zip: TAMPA, FL 336091438

Title: SWD  
Name: AGSTER, DAVID T  
Address: 4711 S HIMES AVE #1614  
City-St-Zip: TAMPA, FL 336112626

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

S

02/19/2012

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

\_\_\_\_\_  
Date