

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N000000001793

FILED
Mar 29, 2009
Secretary of State

Entity Name: PALM BAY LODGE NO. 397, INC., FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

220 OCEAN ST
% ROY SHEPPARD
JACKSONVILLE, FL 32202

New Principal Place of Business:

RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

220 OCEAN ST
% ROY SHEPPARD
JACKSONVILLE, FL 32202

New Mailing Address:

RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202

FEI Number: 59-3660572

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: D () Delete
Name: FOLEY, WILLIAM THOMAS
Address: PO BOX 060612
City-St-Zip: MELBOURNE, FL 32906

Title: D () Delete
Name: KENDALL, STEVEN THOMAS
Address: 1237 DEVON ST SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: CALDWELL, JOHN W
Address: 2231 HAMPTON GREENS BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: CHADWICK, ROBERT L
Address: 1785 TEAK ROAD S.E.
City-St-Zip: MELBOURNE, FL 32909

Title: SD () Delete
Name: PITMAN, WILLIAM C
Address: 2075 MICHELS DR. NE
City-St-Zip: PALM BAY, FL 329053903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: FOLEY, WILLIAM THOMAS
Address: PO BOX 060612
City-St-Zip: MELBOURNE, FL 32906

Title: JWD (X) Change () Addition
Name: VOORHIES, WILLIAM R
Address: 860 DUNKIRK AVE NW
City-St-Zip: PALM BAY, FL 329077768

Title: SWD (X) Change () Addition
Name: CALDWELL, JOHN W
Address: 2700 CROTON RD #2-11
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

03/29/2009

Electronic Signature of Signing Officer or Director

Date