

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002821

FILED
Feb 04, 2009
Secretary of State

Entity Name: CLYDE S. MCLAREN LODGE NO. 395, INC. FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

220 OCEAN ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

220 OCEAN ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 65-0876308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARD, LYNN R
220 OCEAN ST.
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: MONZON, JORGE LUIS E
Address: 10795 NW 70TH ST
City-St-Zip: MIAMI, FL 331783654

Title: S () Delete
Name: DAMARIO, CLAUDIO
Address: 4110 W 19TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: DEFARIA, ANTONIO C
Address: 8731 NW 111TH AVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: VALLADARES, VICTOR
Address: 3321 SW 115TH CT
City-St-Zip: MIAMI, FL 33165

Title: T () Delete
Name: ASERVI, CARLOS E
Address: 7700 SW 17TH ST
City-St-Zip: MIAMI, FL 331551312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DE FARIA, ANTONIO C
Address: 6731 NW 111TH AV
City-St-Zip: DORAL, FL 33178

Title: S (X) Change () Addition
Name: DAMARIO, CLAUDIO
Address: 425 N HIBISCUS DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: VALLADARES, VICTOR
Address: 3321 SW 115TH CT
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change () Addition
Name: LAMARCHE, MIGUEL
Address: 19730 CUTLER CT
City-St-Zip: MIAMI, FL 33189

Title: T (X) Change () Addition
Name: ASERVI, CARLOS E
Address: 7700 SW 17TH ST
City-St-Zip: MIAMI, FL 33155

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: ANTONIO C. DE FARIA

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date