

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 23, 2009
Secretary of State

DOCUMENT# N00000002821

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:**PO BOX 110426
HIALEAH, FL 33011**FEI Number:** 65-0876308**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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: DE FARIA, ANTONIO C
Address: 6731 NW 111TH AV
City-St-Zip: DORAL, FL 33178**Title:** S () Delete
Name: DAMARIO, CLAUDIO
Address: 425 N HIBISCUS DR
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: VALLADARES, VICTOR
Address: 3321 SW 115TH CT
City-St-Zip: MIAMI, FL 33165**Title:** D () Delete
Name: LAMARCHE, MIGUEL
Address: 19730 CUTLER CT
City-St-Zip: MIAMI, FL 33189**Title:** T () Delete
Name: ASERVI, CARLOS E
Address: 7700 SW 17TH ST
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: RODRIGUEZ, NESTOR O
Address: 15933 SW 153RD COURT
City-St-Zip: MIAMI, FL 33187**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: ANTONIO C DE FARIA

D

07/23/2009

Electronic Signature of Signing Officer or Director

Date