2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# N94000002536

Entity Name: THE MASONIC CHARITIES OF FLORIDA, INC.

Current Principal Place of Business:

220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1020
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-3271856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: JGW
Name: ALADRO, JORGE L
Address: 283 DEER RUN ROAD
City-St-Zip: PALM BAY, FL 32909

Title: GM
Name: GOEHRIG, DALE I
Address: 10515 JARDIM DE LARGO ST
City-St-Zip: CLERMONT, FL 34711

Title: T
Name: COFFMAN, ELMER G
Address: 2819 NAVAJO RD.
City-St-Zip: ORANGE PARK, FL 320656817

Title: DGM
Name: MARTINEZ, DICK J
Address: 4419 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 336188638

Title: SGW
Name: HARRIS, JIM J
Address: P. O. BOX 780412
City-St-Zip: SEBASTIAN, FL 32980412

Title: SEC
Name: LYNN, RICHARD E
Address: 220 OCEAN ST
City-St-Zip: JACKSONVILLE, FL 32202

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 GS 02/16/2010
Electronic Signature of Signing Officer or Director Date