

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003393

FILED
Mar 29, 2009
Secretary of State

Entity Name: TRAVELERS LODGE NO. 390, INC. FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

New Mailing Address:

RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202

FEI Number: 59-3253580

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: SW () Delete
Name: NILES, JR, CHARLES F
Address: 21 CYPRESS RUN
City-St-Zip: HAINES CITY, FL 338449698

Title: JW () Delete
Name: TAYLOR, MICHAEL K
Address: 123 WGTO TOWER RD
City-St-Zip: POLK CITY, FL 338689276

Title: D () Delete
Name: KLINKE, WILLIAM C
Address: POB 544
City-St-Zip: LAKE ALFRED, FL 338500544

Title: SD () Delete
Name: JOHNSON, LAWRENCE L
Address: 825 S LAKE SHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: MCMULLEN, HARRY
Address: 55 STRAPHMORE DR.
City-St-Zip: HAINES CITY, FL 34844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WMD (X) Change () Addition
Name: WESTERMAN, JOHN W III
Address: 1417 AVENUE D NORTHEAST
City-St-Zip: WINTER HAVEN, FL 338814336

Title: SWD (X) Change () Addition
Name: TAYLOR, MICHAEL K
Address: 123 WGTO TOWER RD
City-St-Zip: POLK CITY, FL 338689276

Title: JWD (X) Change () Addition
Name: STONECIPHER, WILLIAM B
Address: 2719 SR 557
City-St-Zip: LAKE ALFRED, FL 338502539

Title: SD (X) Change () Addition
Name: ANTHONY, TED A
Address: 155 N SEMINOLE AVENUE
City-St-Zip: LAKE ALFRED, FL 338502117

Title: TD (X) Change () Addition
Name: MCMULLEN, HARRY
Address: 66 STRAPHMORE DRIVE
City-St-Zip: HAINES CITY, FL 34844

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