2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004726

Entity Name: J.R.L. CONYERS LODGE #364, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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550 MCDONALD STREET CRESTVIEW, FL 32536

Current Mailing Address: New Mailing Address:

550 MCDONALD STREET CRESTVIEW, FL 32536

FEI Number: 59-3389836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, FLETCHER JR

5908 MEADOW LANE

CRESTVIEW, FL 32539 US

SLAUGHTER, DORN C JR

4720 CONNER DR

CRESTVIEW, FL 32539 US

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: DORN C. SLAUGHTER JR. 01/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HARRIS, GUS J HARRIS, GUS J JR Name: Name: 198 BREWER CIR Address: 198 BREWER CIR Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: MARY ESTHER, FL 32569 Title: Title: (X) Change () Addition () Delete HAYNES, MALCOLM N Name: HAYNES, MALCOLM N SR Name: Address: 298 S. WILSON ST. Address: 298 S. WILSON ST. City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536 Title: () Delete Title: (X) Change () Addition SLAUGHTER, JR, DORN C Name: CROMARTIE,, RAYMOND JR Name:

Address: 4720 CONNER DR Address: 744 RANDALL ROBERTS
City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete Title: () Change () Addition

 Name:
 RIVERS, STANLEY M
 Name:

 Address:
 325 SKYLINE DR
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32539
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 YOUNG, MATTHEW S
 Name:

 Address:
 3317 SKY WAGON DR
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32539
 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: MALCOLM N. HAYNES SR. S 01/20/2009