2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007341

Entity Name: I. N. MCNATT LODGE NO. 103, INC., FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:	New Principal Place of Business:
C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202	RICHARD E. LYNN 220 N OCEAN STREET JACKSONVILLE, FL 32202
Current Mailing Address:	New Mailing Address:
C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202	RICHARD E. LYNN 220 N OCEAN STREET JACKSONVILLE, FL 32202
FEI Number: 59-1979470 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
EDWARD, LYNN R 220 OCEAN STREET JACKSONVILLE. FL 32202 US	LYNN, RICHARD E 220 OCEAN STREET JACKSONVILLE, FL 32202 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: RICHARD E. LYNN			01/28/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	12918 NE 23RD PL	Title: Name: Address: City-St-Zip:	12918 NE 23RD PL	
Title: Name: Address: City-St-Zip:	P.O. BOX 2413	Title: Name: Address: City-St-Zip:	11215 S/E 223 RD TERRACE	
Title: Name: Address: City-St-Zip:	PO BOX 128	Title: Name: Address: City-St-Zip:	PO BOX 128	
Title: Name: Address: City-St-Zip:	P O BOX 49	Title: Name: Address: City-St-Zip:	P. O. BOX 1460	
Title: Name: Address: City-St-Zip:	,	Title: Name: Address: City-St-Zip:	P. O. BOX 2515	

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	01/28/2009
	Electronic Signature of Signing Officer or Director		Date



JACKSONVILLE, FL 32202 US