

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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**Current Mailing Address:**220 OCEAN STREET  
JACKSONVILLE, FL 32202**FEI Number: 65-0876308****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E  
220 OCEAN ST.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MUY, ENRIQUE I
Address	2689 W 71ST PLACE
City-State-Zip:	HIALEAH FL 33016-5415

Title	SECRETARY
Name	LAMARCHE, MIGUEL A
Address	19730 CUTLER CUT
City-State-Zip:	CUTLER BAY FL 33189

Title	DIRECTOR
Name	RIVERA, LUIS M
Address	7043 CORONADO WAY
City-State-Zip:	SOUTHWEST RANCHES FL 33331

Title	DIRECTOR
Name	PAZ, GILBERTO D
Address	3627 N.W 18TH TERRACE
City-State-Zip:	MIAMI FL 33125

Title	TREASURER
Name	ASERVI, CARLOS E
Address	7700 SW 17TH ST
City-State-Zip:	MIAMI FL 33155

*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: MIGUEL A LAMARCHE****SECRETARY****03/03/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date