

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005063

Entity Name: PALMWOOD LODGE NO. 303, INC. FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Jan 26, 2020
Secretary of State
3118260543CC**Current Principal Place of Business:**RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202**FEI Number: 65-1015035****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	SOTOLONGO, CARLOS R
Address	1020 MCINTOSH ST
City-State-Zip:	WEST PALM BEACH FL 33405

Title	TREASURER
Name	MAZMANIAN, ALBERT O
Address	120 MONTEREY BAY DR
City-State-Zip:	BOYNTON BEACH FL 33426

Title	SECRETARY
Name	LOGREIRA, EFRAIM C
Address	P.O. BOX 7327
City-State-Zip:	WEST PALM BEACH FL 33416-7327

Title	PRESIDENT
Name	MATTHEWS, GEORGE G
Address	1525 N FLAGLER DR
City-State-Zip:	WEST PALM BEACH FL 33404

Title	VP
Name	AVEVEDO, CHRISTOPHER J
Address	4651 ORLEANS CT APT C
City-State-Zip:	WEST PALM BEACH FL 33415

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: EFRAIM C. LOGREIRA**SECRETARY****01/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date