

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001578

Entity Name: HAWTHORNE LODGE NO. 103, INC., FREE AND ACCEPTED
MASONS OF FLORIDA**Current Principal Place of Business:**6700 SE 221ST STREET
HAWTHORNE, FL 32640**Current Mailing Address:**6700 SE 221ST STREET
HAWTHORNE, FL 32640**FEI Number: 59-1979470****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	PRESIDENT
Name	SURRENCY, RONALD D
Address	200 N/E FIRST STREET
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	EICHER, DANIEL H
Address	310 ASHLEY ST
City-State-Zip:	HAWTHORNE FL 32640

Title	DIRECTOR
Name	GILLIAM, RONALD C
Address	5304 N/E 211TH DRIVE
City-State-Zip:	EARLTON FL 32631

Title	TREASURER
Name	MITCHELL, STEVE
Address	828 N/E 51ST AVENUE
City-State-Zip:	OCALA FL 34470

Title	SECRETARY
Name	LABERT, PHILLIP E
Address	P.O. BOX 1460
City-State-Zip:	HAWTHORNE FL 32640

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: PHILLIP E. LABERT**SECRETARY****01/11/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date