

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10021

**Entity Name:** HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Jan 10, 2023**  
**Secretary of State**  
**2580579617CC**

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**FEI Number: 23-7526466**

**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           ZUCKERMAN, ALAN M  
Address        854 SHEEN CIR  
City-State-Zip: HAINES CITY FL 33844

Title           SECRETARY  
Name           WILSON, PAUL S  
Address        3131 COUNTRY ROAD 547 N  
City-State-Zip: DAVENPORT FL 33837

Title           PRESIDENT  
Name           ZIMMERMAN, JOHN M  
Address        PO BOX 247  
City-State-Zip: HAINES CITY FL 33845

Title           VP  
Name           GODWIN, DONNIE P  
Address        406 MYSTERY HOUSE RD  
City-State-Zip: DAVENPORT FL 33837

Title           TREASURER  
Name           SUMMERLIN, CHARLES B  
Address        PO BOX 155  
City-State-Zip: DAVENPORT FL 33836-0155

*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: PAUL S. WILSON**

**SECRETARY**

**01/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date