

**2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10021

**FILED  
Feb 26, 2019  
Secretary of State  
5278353615CC**

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

**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            SECRETARY  
Name            HOWLAND, ROBERT A  
Address        P. O. BOX 52  
City-State-Zip: LAKE HAMILTON FL 33851

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

Title            PRESIDENT  
Name            ADAMS, LARON R  
Address        147 TRACY CIR  
City-State-Zip: HAINES CITY FL 33844

Title            TREASURER  
Name            MENGELING, RICHARD D  
Address        5538 HARBOR DR  
City-State-Zip: LAKELAND FL 33809

Title            DIRECTOR  
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: ROBERT A HOWLAND**

**SECRETARY**

**02/26/2019**

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

\_\_\_\_\_  
Date