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

2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

#### **Current Principal Place of Business:**

RICHARD E. LYNN 220 OCEAN ST JACKSONVILLE, FL 32202

DOCUMENT# C10021

### **Current Mailing Address:**

RICHARD E. LYNN 220 OCEAN ST JACKSONVILLE, FL 32202

## FEI Number: 23-7526466

#### 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

#### **Officer/Director Detail :**

Title	DIRECTOR	Title	SECRETARY
Name	JOHNSON, LARRY E	Name	WILSON, PAUL S
Address	303 W CYPRESS ST	Address	3131 COUNTRY ROAD 547 N
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837
Title	VP	Title	TREASURER
Name	ZIMMERMAN, JOHN M	Name	ALDRIDGE, RUSSELL R
Address	PO BOX 247	Address	335 OAK ST
City-State-Zip:	HAINES CITY FL 33845	City-State-Zip:	HAINES CITY FL 33844
Title	PRESIDENT		
Name	SUMMERLIN, CHARLES B		
Address	PO BOX 155		

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.

SECRETARY

### SIGNATURE: PAUL S. WILSON

City-State-Zip: DAVENPORT FL 33836-0155

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

01/16/2021 Date