

**2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10054

**FILED**  
**Feb 01, 2014**  
**Secretary of State**  
**CC3047704188**

**Entity Name:** MOUNT DORA LODGE NO. 238 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 US

**FEI Number: 59-1979391**

**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 P  
Name SWIGER, ROBERT A  
Address 33241 EAST LAKE JOANNA DRIVE  
City-State-Zip: EUSTIS FL 32736

Title SECRETARY  
Name SHARP, JOHN R III  
Address P. O. BOX 1162  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name WOODWARD, MORGAN A  
Address 30345 LIPIZZAN TERRACE  
City-State-Zip: MOUNT DORA FL 32757

Title TREASURER  
Name CLANCY, , WILLIAM B III  
Address 30930 COUNTY RD 437  
City-State-Zip: SORRENTO FL 32776-9351

Title DIRECTOR  
Name ALCOCK, ROGER F  
Address 16901 CUMBERMOORE LANE  
City-State-Zip: UMATILLA FL 32784

*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: JOHN R SHARP III**

**SECRETARY**

**02/01/2014**

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

\_\_\_\_\_  
Date