

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10054

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**4061181215CC**

**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 VP  
Name NUZZI, WILLIAM E  
Address 5008 STRAWBRIDGE TERR  
City-State-Zip: SANFORD FL 32771

Title PRESIDENT  
Name JOHNSON, DOUGLAS  
Address 32522 CRYSTAL BREEZE LN  
City-State-Zip: LEESBURG FL 34788

Title TREASURER  
Name VAINDER, MORRIS N  
Address 436 E 11TH AVE  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name CARLSON, FRED H  
Address 12809 SCOUT COURT  
City-State-Zip: GRAND ISLAND FL 32735

Title SECRETARY  
Name LINK, HENRY W JR.  
Address PO BOX 1162  
City-State-Zip: MT DORA FL 32756-1162

*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: HENRY W. LINK, JR.**

**SECRETARY**

**01/24/2020**

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

\_\_\_\_\_  
Date