

2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10058

Entity Name: COCONUT GROVE LODGE NO. 258 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Feb 17, 2013
Secretary of State
CC8319671519**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: 23-7526491****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN ST
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 WAKE, BARRY A
Address 13010 S/W 80TH STREET
City-State-Zip: MIAMI FL 33183-4215Title PRESIDENT
Name BUSTAMANTE, ANTHONY
Address 705 S/W 5TH AVENUE
City-State-Zip: MIAMI FL 33130Title DIRECTOR
Name ALEXANDER, ROBERT C
Address 1612 S/W 14TH TERRACE
City-State-Zip: MIAMI FL 33145-1547Title DIRECTOR
Name MALLARD, SCOT
Address 3640 S/W 22ND TERRACE
City-State-Zip: MIAMI FL 331453006Title TREASURER
Name MALLARD, PAUL
Address 3640 S/W 22ND TERRACE
City-State-Zip: MIAMI FL 33145-3006

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: BARRY A WAKE**SECRETARY****02/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date