

2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10060

Entity Name: MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Feb 04, 2018
Secretary of State
CC3044369140**Current Principal Place of Business:**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202**FEI Number: 59-1390422****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN ST
JACKSONVILLE, FL 32201 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 TREASURER
Name THAMES, MARION E
Address 8351 THAMES RD
City-State-Zip: BAKER FL 32531Title SECRETARY
Name COSTNER, KEITH H
Address PO BOX 261
City-State-Zip: BAKER FL 32531Title DIRECTOR
Name MILLER, ROBERT J
Address 4610 BRYANT BRIDGE CTO RD
City-State-Zip: HOLT FL 32564Title PRESIDENT
Name VANLORYNEN, ROBERT L
Address 4594 DURBIN LANE
City-State-Zip: HOLT FL 32564Title DIRECTOR
Name LAWSON, JAMES L
Address 1996 GRADY BAGGETT RD
City-State-Zip: BAKER FL 32531

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: KEITH H. COSTNER**SECRETARY****02/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date