

**2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10073

**Entity Name:** JAY LODGE NO. 176 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC5597505358****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: 59-1838921****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICHARD E. LYNN  
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	BROWN, WILLIAM M
Address	13298 CHUMUCKLA HWY
City-State-Zip:	JAY FL 32565-2756

Title	TREASURER
Name	HENNINGER, TRAVIS R
Address	3300 JUNIPER CREEK RD
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	HUDSON, MARSHALL L
Address	4207 MORRISTOWN ROAD
City-State-Zip:	JAY FL 32565

Title	PRESIDENT
Name	PHILLIPS, MICHAEL D
Address	13213 HWY 87 N
City-State-Zip:	JAY FL 32570

Title	DIRECTOR
Name	HOWARD, MARK A
Address	3239 JUNIPER CREEK RD
City-State-Zip:	MILTON FL 32570

*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: WILLIAM M. BROWN****SECRETARY****01/30/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date