

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10073

**Entity Name:** JAY LODGE NO. 176 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**  
**Jan 10, 2023**  
**Secretary of State**  
**7794119510CC****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 VP  
Name CANNON, WILLIAM L  
Address 4390 CURT LANE  
City-State-Zip: JAY FL 32565Title TREASURER  
Name HUDSON, MARSHALL L  
Address 1740 B HUDSON RD  
City-State-Zip: JAY FL 32565Title DIRECTOR  
Name SIMMONS, JEREMY S  
Address 3100 JESSE WHITFIELD RD  
City-State-Zip: MILTON FL 32570Title PRESIDENT  
Name HOWARD, MARK A  
Address 4257 SPRING ST  
City-State-Zip: JAY FL 32565Title SECRETARY  
Name BROWN, WILLIAM M  
Address PO BOX 206  
City-State-Zip: JAY FL 32565

*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****01/10/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date