

2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10073

Entity Name: JAY LODGE NO. 176 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Feb 11, 2015
Secretary of State
CC6413261801**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	HUDSON, MARSHALL L
Address	4207 MORRISTOWN ROAD
City-State-Zip:	JAY FL 32565

Title	DIRECTOR
Name	GLOVER, LAWRENCE W
Address	3435 IRA LANE
City-State-Zip:	JAY FL 32565

Title	PRESIDENT
Name	ROGERS, ROY E
Address	9213 HWY 87 NORTH
City-State-Zip:	MILTON 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****02/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date