# **2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10094

Entity Name: TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS OF

**FLORIDA** 

FILED Feb 02, 2013 Secretary of State CC1222428868

# **Current Principal Place of Business:**

RICHARD E. LYNN 220 OCEAN ST. JACKSONVILLE, FL 32202

# **Current Mailing Address:**

P. O. BOX 1020 220 OCEAN ST. JACKSONVILLE, FL 32201

FEI Number: 59-1385498 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LYNN, RICHARD E 220 OCEAN STREET 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 PRESIDENT Title DIRECTOR

Name CAVADA, JOHN Name LEWIS, MICHAEL P

Address 2226 N/W WND STREET Address 1313 S/W 10TH STREET

City-State-Zip: CAPE CORAL FL 33993 City-State-Zip: CAPE CORAL FL 33991

Title TREASURER Title SECRETARY

Name MACHELL, CHARLES W Name CONNALLY, GERALD E

Address 9530 WINDSOR CLUB CIRCLE Address 1920 VIRGINIA AVE UNIT 901

City-State-Zip: FORT MYERS FL 33905 City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR

Name SMITH, MARK A

Address P. O. BOX 152093

City-State-Zip: CAPE CORAL FL 339562296

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: GERALD E. CONNALLY

**SECRETARY** 

02/02/2013