

2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10094

FILED
Feb 06, 2016
Secretary of State
CC1554525881

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

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
Name GAVIN, JOHN D
Address 2125 N/W 18TH AVE
City-State-Zip: CAPE CORAL FL 33993

Title SECRETARY
Name LEWIS, MICHAEL P
Address PO BOX 60069
City-State-Zip: FORT MYERS FL 33906

Title TREASURER
Name WAGNER, KURT W
Address 5072 FIDDLELEAF DR
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name CURETON, GEORGE R
Address 5531 MACKABOY CT
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name SIMS, GENE F
Address 1806 S/E 6TH STREET
City-State-Zip: CAPE CORAL FL 33990

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: MICHAEL P. LEWIS

SECRETARY

02/06/2016

Electronic Signature of Signing Officer/Director Detail

Date