# **2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10094

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

**FLORIDA** 

FILED
Jan 09, 2021
Secretary of State
1750694925CC

# **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:

TitlePRESIDENTTitleSECRETARYNameZIMMERMAN, JEFFERYNameCRONE, RANDY LAddress1808 SE 8TH TERAddressPO BOX 60069

City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: FORT MYERS FL 33906

Title TREASURER Title DIRECTOR

NameLEWIS, MICHAELNameKNAFEL, THOMAS MAddress4544 SW 14TH PLAddress2673 LAMBAY CT

City-State-Zip: CAPE CORAL FL 33914

Title VP

Name FIORE, VICTOR
Address 103 EARL AVE N

City-State-Zip: LEHIGH ACRES FL 33971

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.

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

CAPE CORAL FL 33991