

**2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10094

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC2700882892**

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

Title           DIRECTOR  
Name           LEWIS, MICHAEL P  
Address        1313 S/W 10TH STREET  
City-State-Zip: CAPE CORAL FL 33991

Title           TREASURER  
Name           MACHELL, CHARLES W  
Address        9530 WINDSOR CLUB CIRCLE  
City-State-Zip: FORT MYERS FL 33905

Title           SECRETARY  
Name           SALO, DAVID B  
Address        7170 NALLE GRACE ROAD  
City-State-Zip: FORT MYERS FL 33917

Title           PRESIDENT  
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: DAVID B SALO**

**SECRETARY**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date