

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10094

**FILED  
Jan 11, 2020  
Secretary of State  
8288374327CC**

**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 VP  
Name ZIMMERMAN, JEFFERY  
Address 1808 SE 8TH TER  
City-State-Zip: CAPE CORAL FL 33990

Title SECRETARY  
Name CRONE, RANDY  
Address PO BOX 60069  
City-State-Zip: FORT MYERS FL 33906

Title TREASURER  
Name LEWIS, MICHAEL  
Address 4544 SW 14TH PL  
City-State-Zip: CAPE CORAL FL 33914

Title PRESIDENT  
Name GUILDAY, ALEXANDER M.P.  
Address 10028 VIA COLOMBA  
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR  
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.*

**SIGNATURE: RANDY CRONE**

**SECRETARY**

**01/11/2020**

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

\_\_\_\_\_  
Date