# Entity Name: HARMONIA LODGE NO. 138 FREE AND ACCEPTED MASONS OF FLORIDA

2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

#### **Current Principal Place of Business:**

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

DOCUMENT# C10095

# **Current Mailing Address:**

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

# FEI Number: 59-0255592

## 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

### **Officer/Director Detail :**

TitleTREASURERTitleSECRETARYNameJOHNSON, JOSHUA GNameBABBIT, LOUIS MAddress707 SUNNY PINE WAY APT E-1Address1896 PALM BEACH LAKES BLVD SUITE 200, UPPERCity-State-ZipGREENACRES FL 33415City-State-ZipWEST PALM BEACH FL 33409TitlePRESIDENTTitleDIRECTORNameDOIRON, LARRY MTitleDIRECTORAddress259 SARATOGA BLVD EAddress5328 WOODS WEST DRIVECity-State-ZipNORCity-State-ZipLAKE WORTH FL 33463TitleDIRECTORLAKE WORTH FL 33463City-State-ZipAddressHOGWOOD, JAMES MJLAKE WORTH FL 33463Address16367 88TH RD NLAKE WORTH FL 3464						
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City-State-Zip:GREENACRES FL 33415SUITE 200, UPPER City-State-Zip:TitlePRESIDENTCity-State-Zip:WEST PALM BEACH FL 33409NameDOIRON, LARRY MTitleDIRECTORAddress259 SARATOGA BLVD ENamePETRIDES, ANTHONY JCity-State-Zip:ROYAL PALM BEACH FL 33411Address5328 WOODS WEST DRIVETitleDIRECTORCity-State-Zip:LAKE WORTH FL 33463TitleDIRECTORHOGWOOD, JAMES MJSuite State-S	Name	JOHNSON, JOSHUA G	Name	BABBIT, LOUIS M		
TitlePRESIDENTTitleDIRECTORNameDOIRON, LARRY MNamePETRIDES, ANTHONY JAddress259 SARATOGA BLVD EAddress5328 WOODS WEST DRIVECity-State-Zip:ROYAL PALM BEACH FL 33411City-State-Zip:LAKE WORTH FL 33463TitleDIRECTORHOGWOOD, JAMES MJLAKE WORTH FL 33463			Address			
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Name HOGWOOD, JAMES MJ	Name Address	DOIRON, LARRY M 259 SARATOGA BLVD E	Name Address	PETRIDES, ANTHONY J 5328 WOODS WEST DRIVE		
	Name	HOGWOOD, JAMES MJ				

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.

SECRETARY

#### SIGNATURE: LOUIS M. BABBIT

City-State-Zip: LOXAHATCHEE FL 334702724

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

01/30/2014 Date