

2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10114

FILED
Feb 07, 2016
Secretary of State
CC7920616362**Entity Name:** LAKELAND LODGE NO. 91 FREE AND ACCEPTED MASONS OF FLORIDA**Current Principal Place of Business:**RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202 US**FEI Number:** 59-1232727**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	SECRETARY
Name	KIP, ANDREW P
Address	8635 TARA PL
City-State-Zip:	LAKELAND FL 33809

Title	TREASURER
Name	DERK, RICHARD M
Address	3125 NEW JERSEY ROAD
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	STEPHENSON, CHRISTOPHER F
Address	6923 HAZELTINE CIR
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	CULP, JAMES E
Address	13711 JOYCE DR
City-State-Zip:	LARGO FL 33774

Title	PRESIDENT
Name	BRINK, BRIAN A
Address	2321 GENEVA DR
City-State-Zip:	LAKELAND FL 33805

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: ANDREW P. KIP**SECRETARY****02/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date