

2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10115

Entity Name: OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Feb 07, 2016
Secretary of State
CC3090820662**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**FEI Number: 23-7526377****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN ST
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	YANCEY, ROYCE A
Address	PO BOX 1539
City-State-Zip:	PLANT CITY FL 33564-1539

Title	PRESIDENT
Name	TAYLOR, ROBERT W SR.
Address	718 BURNING ARROW PLACE
City-State-Zip:	PLANT CITY FL 335667578

Title	DIRECTOR
Name	MARKO, JIMMIE S
Address	11111 SHADY LANE
City-State-Zip:	RIVERVIEW FL 33569

Title	DIRECTOR
Name	WALDEN, THOMAS L JR.
Address	1105 WEST SPENCER STREET
City-State-Zip:	PLANT CITY FL 33563

Title	TREASURER
Name	FORD, JAMES W
Address	2206 PARKWOOD DRIVE
City-State-Zip:	VALRICO FL 33594-5426

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: ROYCE A. YANCEY**SECRETARY****02/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date