

2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10115

Entity Name: OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Jan 30, 2019
Secretary of State
8056620801CC**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 PRESIDENT
Name YANCEY, ROYCE A
Address 811 SOUTH WIGGINS RD
City-State-Zip: PLANT CITY FL 33566Title SECRETARY
Name TAYLOR, ROBERT W SR.
Address PO BOX 1539
City-State-Zip: PLANT CITY FL 33564-1539Title DIRECTOR
Name CHANCEY, CHARLES P JR.
Address 10231 GEORGE SMITH RD
City-State-Zip: LITHIA FL 33547-3217Title VP
Name WALDEN, THOMAS L JR.
Address 1105 WEST SPENCER STREET
City-State-Zip: PLANT CITY FL 33563-1725Title 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: ROBERT W TAYLOR SR**SECRETARY****01/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date