

**2017 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10115

**Entity Name:** OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED  
MASONS OF FLORIDA

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC7365751013**

**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 D, DIRECTOR  
Name GILMORE, FRANK  
Address 402 EAST DEVANE STREET  
City-State-Zip: PLANT CITY FL 33563

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

Title DIRECTOR  
Name CLINE, ANTHONY N  
Address 3006 MAGNOLIA MEADOWS DRIVE  
City-State-Zip: PLANT CITY FL 33567

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**

**01/20/2017**

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

\_\_\_\_\_  
Date