

2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10134

Entity Name: WILLIAM B. BARNETT LODGE NO. 187 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Feb 11, 2015
Secretary of State
CC6658040227**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: 59-0143448****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	ROGERS, JOE C III
Address	P.O. BOX 10338
City-State-Zip:	JACKSONVILLE FL 322470338

Title	PRESIDENT
Name	THOMAS, DAVID P
Address	1492 CLASSIC OAK ROAD NORTH
City-State-Zip:	JACKSONVILLE FL 32225-9002

Title	TREASURER
Name	HOLDERFIELD, KENNETH A
Address	9541 MELVINA ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	DIRECTOR
Name	CARD, JOSHUA J
Address	54265 HUNTER ROAD
City-State-Zip:	CALLAHAN FL 32011

Title	DIRECTOR
Name	WARKENTINE, RICHARD A
Address	1039 MARVONE LANE
City-State-Zip:	NEPTUNE BEACH FL 32266

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: JOE C ROGERS III**SECRETARY****02/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date