

2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10141

Entity Name: VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Feb 10, 2015
Secretary of State
CC7999749631**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: 23-7526436****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 TREASURER
Name WORTHINGTON, JOHN W
Address 4834 CREEK ROAD
City-State-Zip: VERNON FL 32462-3008Title DIRECTOR
Name PORTER, LEWIS D
Address 2079 HWY 177-A
City-State-Zip: BONIFAY FL 32425Title DIRECTOR
Name HOWELL, JAMES S
Address 3991 DORCH CIRCLE
City-State-Zip: VERNON FL 32462-3120Title SECRETARY
Name PORTER, DANNY R
Address 825 JONES COURT
City-State-Zip: CHIPLEY FL 32428Title PRESIDENT
Name SIMS, DAVID C
Address 309 E WISCONSIN AVE
City-State-Zip: BONIFAY FL 32425

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: DANNY R PORTER**SECRETARY****02/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date