

2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10141

Entity Name: VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Jan 16, 2021
Secretary of State
5073110229CC**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 SECRETARY
Name STEVENSON, JACOB B
Address PO BOX 898
City-State-Zip: VERNON FL 32462Title PRESIDENT
Name PORTER, DANNY R
Address 1691 DAVIDSON RD
City-State-Zip: BONIFAY FL 32425Title VP
Name MATTHEWS, STEVEN R
Address 3160 WHITAKER LANE
City-State-Zip: VERNON FL 32462Title DIRECTOR
Name STRENGTH, DANNIE J
Address 2546 BACK FORTY PL
City-State-Zip: CARYVILLE FL 32427

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: JACOB B. STEVENSON**SECRETARY****01/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date