

**2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10141

**Entity Name:** VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC1547120130**

**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            PRESIDENT  
Name            WORTHINGTON, JOHN W  
Address        4834 CREEK ROAD  
City-State-Zip: VERNON FL 32462-3008

Title            SECRETARY  
Name            PORTER, DANNY R  
Address        PO BOX 898  
City-State-Zip: VERNON FL 32462

Title            DIRECTOR  
Name            HOWELL, JAMES S  
Address        3991 DORCH CIRCLE  
City-State-Zip: VERNON FL 32462-3120

Title            DIRECTOR  
Name            MATTHEWS, STEVEN R  
Address        3160 WHITAKER LANE  
City-State-Zip: VERNON FL 32462

Title            TREASURER  
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**

**04/05/2018**

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

\_\_\_\_\_  
Date