

**2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10153

**Entity Name:** IONIC LODGE NO. 101 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC8345945930****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: 59-0383803****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            PRESIDENT  
Name            CATHEY, R G II  
Address        10915 WAHINE DRIVE N  
City-State-Zip: JACKSONVILLE FL 322469449Title            DIRECTOR  
Name            LEWIS, ROBIN D  
Address        4259 PHILLIPS HWY, LOT 8  
City-State-Zip: JACKSONVILLE FL 32207Title            DIRECTOR  
Name            FERDON, MARACUS V  
Address        3620 ROSETREE DRIVE  
City-State-Zip: JACKSONVILLE FL 32207Title            TREASURER  
Name            SHEPPELL, HARRY P JR  
Address        7049 MELVIN ROAD  
City-State-Zip: JACKSONVILLE FL 32210Title            SECRETARY  
Name            CHAVERS, R C  
Address        P. O. BOX 1103  
City-State-Zip: JACKSONVILLE FL 32201-1103

*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: R CARL CCHAVERS****SECRETARY****01/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date