

**2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10156

**Entity Name:** MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC9403307675**

**Current Principal Place of Business:**

220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

220 OCEAN ST  
JACKSONVILLE, FL 32202

**FEI Number: 59-1381586**

**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 DIRECTOR  
Name WALDEN, CHRISTOPHER B  
Address 1210 N/E 20TH AVENUE  
City-State-Zip: OCALA FL 34470

Title PRESIDENT  
Name WALDEN, ERNEST E  
Address 1210 N/E 20TH AVE  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name MOLINE, STEPHEN K  
Address 14356 S/W 39TH TERRACE  
City-State-Zip: OCALA FL 34473

Title TREASURER  
Name COLLINS, HERBERT F  
Address 3409 N/E 14TH AVE  
City-State-Zip: OCALA FL 34479

Title SECRETARY  
Name WILSON, GREGORY J  
Address 2701 N/E 63RD ST  
City-State-Zip: OCALA FL 34479

*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: GREGORY J WILSON**

**SECRETARY**

**01/22/2015**

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

\_\_\_\_\_  
Date