

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10156

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

**FILED**  
**Feb 06, 2016**  
**Secretary of State**  
**CC5016951077**

**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 SCHVIMMER, THEODORE

Address 9607 SW 71 LOOP

City-State-Zip: OCALA FL 34481

Title DIRECTOR

Name RAMSAY, WILLIAM

Address 9875 NW HIGHWAY 225A

City-State-Zip: OCALA FL 34482

Title PRESIDENT

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 1846 SE 36 AVE

City-State-Zip: OCALA FL 34471-5536

*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**

**02/06/2016**

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

\_\_\_\_\_  
Date