

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10184

**Entity Name:** JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED  
MASONS OF FLORIDA

**FILED**  
**Jan 21, 2024**  
**Secretary of State**  
**5174040494CC**

**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

**FEI Number: 59-0255598**

**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 VP  
Name ATWOOD, HERBERT H  
Address 5119 N LINCOLN AVE  
City-State-Zip: TAMPA FL 33614

Title SECRETARY  
Name JONES, WILLIAM P  
Address P. O. BOX 151955  
City-State-Zip: TAMPA FL 33684-1955

Title PRESIDENT  
Name BLUM, JAMES J.T.  
Address 4155 ROLLING SPRINGS DR  
City-State-Zip: TAMPA FL 33624

Title TREASURER  
Name HEDAYAT, BAHRAM  
Address 11512 COUNTRY OAKS DR  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name CORSO, PAUL J  
Address 6141 FEBER DR  
City-State-Zip: BROOKSVILLE FL 34602

*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: WILLIAM P. JONES**

**SECRETARY**

**01/21/2024**

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

\_\_\_\_\_  
Date