

2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10184

Entity Name: JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Jan 30, 2014
Secretary of State
CC9371711068**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	DIRECTOR
Name	JONES, WILLIAM P
Address	16034 FOSTER GROVE DR
City-State-Zip:	ODESSA FL 335562633

Title	SECRETARY
Name	VAN DYKE, WILLIAM A 111
Address	P. O. BOX 151955
City-State-Zip:	TAMPA FL 33684-1955

Title	DIRECTOR
Name	TUTOR, KENNETH L
Address	4503 STONEHENGE RD
City-State-Zip:	TAMPA FL 33624

Title	PRESIDENT
Name	KENNEDY, JOSEPH
Address	1414 LORETTO CIRCLE
City-State-Zip:	ODESSA FL 335564536

Title	TREASURER
Name	LONG, JAMES W SR.
Address	6548 W HANNA AVE
City-State-Zip:	TAMPA FL 33634-4930

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 A VANDYKE III**SECRETARY****01/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date