

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10184

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

**FILED**  
**Feb 14, 2016**  
**Secretary of State**  
**CC7310888162**

**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 HEDAYAT, BAHARAM N  
Address 11512 COUNTRY OAK DR  
City-State-Zip: TAMPA FL 33618

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

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

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

Title DIRECTOR  
Name MEYER, YULWINGER J  
Address 15240 POND WOODS DR  
City-State-Zip: TAMPA FL 33618

*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. VAN DYKE, III**

**SECRETARY**

**02/14/2016**

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

\_\_\_\_\_  
Date