

**2022 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10184

**FILED  
Jan 23, 2022  
Secretary of State  
1441741678CC**

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

**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           BROWN, DWIGHT E  
Address        523 ROYAL GREENS DR  
City-State-Zip: TEMPLE TERRACE FL 33617

Title           SECRETARY  
Name           TURGEON, ROGER L  
Address        P. O. BOX 151955  
City-State-Zip: TAMPA FL 33684-1955

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

Title           TREASURER  
Name           KENNEDY, JOSEPH  
Address        915 HOLLYSHORE DR  
City-State-Zip: LUTZ FL 33548

Title           PRESIDENT  
Name           ITANI, WISSAM  
Address        25452 GEDDY DR  
City-State-Zip: LAND O LAKES FL 34639

*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: ROGER L. TURGEON**

**SECRETARY**

**01/23/2022**

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

\_\_\_\_\_  
Date