

**2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10189

**Entity Name:** GATEWAY LODGE NO. 384 FREE AND ACCEPTED MASONS  
OF FLORIDA

**FILED**  
**Mar 03, 2013**  
**Secretary of State**  
**CC6738253175**

**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 US

**FEI Number: 59-2414470**

**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 GABRIEL, ROBERT B JR.  
Address 4495 BONANZA STREET  
City-State-Zip: PORT ST. JOHN FL 32927

Title DIRECTOR  
Name GUISE, TROY E  
Address 3455 GRANTLINE ROAD  
City-State-Zip: MIMS FL 32754

Title P, PRESIDENT  
Name SIMONSEN, HENRY F  
Address 2600 HILLCREST AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title TREASURER  
Name SOMERS, ROBERT A  
Address 3935 AURANTIA ROAD  
City-State-Zip: MIMS FL 32754-4704

Title SECRETARY  
Name KORNEGAY, MICKEY D  
Address P. O. BOX 248  
City-State-Zip: MIMS FL 32754-0248

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: MICKEY D KORNEGAY**

**SECRETARY**

**03/03/2013**

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

\_\_\_\_\_  
Date