

2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10189

Entity Name: GATEWAY LODGE NO. 384 FREE AND ACCEPTED MASONS
OF FLORIDA**FILED**
Apr 08, 2019
Secretary of State
6673411845CC**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 BRAWNER, PHILLIP E
Address 2209 N US HWY 1
City-State-Zip: TITUSVILLE FL 32796Title VP
Name SCHILL, TODD A
Address 2965 N CASPER PLACE
City-State-Zip: TITUSVILLE FL 32780Title TREASURER
Name BIEGLER, REGGIE J
Address 844 PARKWOOD AVE
City-State-Zip: TITUSVILLE FL 32796Title SECRETARY
Name COKER, ANTHONY R
Address 1480 BARNA AVE
City-State-Zip: TITUSVILLE FL 32780Title PRESIDENT
Name WOOD, CHRISTOPHER P
Address 3420 CONSTITUTION DR
City-State-Zip: TITUSVILLE FL 32780

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: ANTHONY R COKER**SECRETARY****04/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date