

**2022 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10247

**Entity Name:** WILLIAM T. CARLTON LODGE NO. 46 FREE AND ACCEPTED  
MASONS OF FLORIDA

**FILED**  
**Jan 16, 2022**  
**Secretary of State**  
**1040926117CC**

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P. O. BOX 1020  
220 OCEAN ST.  
JACKSONVILLE, FL 32201 US

**FEI Number: 23-7526355**

**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 DIONNE, JAMES T  
Address 1048 NE 424TH AVE  
City-State-Zip: OLD TOWN FL 32680

Title PRESIDENT  
Name SCHREIBER, WILLIAM H  
Address PO BOX 171  
City-State-Zip: BELL FL 32619

Title TREASURER  
Name ANDERS, JOHN A  
Address 1109 SW 100TH ST  
City-State-Zip: TRENTON FL 32693

Title SECRETARY  
Name VAUGHAN, ROBERT L JR.  
Address P. O. BOX 776  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name CRUSE, KENNETH E  
Address 19611 NW 119TH PL  
City-State-Zip: ALACHUA FL 32615

*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: ROBERT L. VAUGHAN, JR.**

**SECRETARY**

**01/16/2022**

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

\_\_\_\_\_  
Date