

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10297

**Entity Name:** MANDARIN LODGE NO. 343 FREE AND ACCEPTED MASONS  
OF FLORIDA**FILED**  
**Mar 13, 2016**  
**Secretary of State**  
**CC1070409406****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: 23-7526558****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 WURTZ, TODD H  
Address 12767 FLYNN FOREST DR  
City-State-Zip: JACKSONVILLE FL 32223Title PRESIDENT  
Name STARKE, JEFFERY W  
Address 12386 FLYNN ROAD  
City-State-Zip: JACKSONVILLE FL 32223Title DIRECTOR  
Name HOWELLS, DAVID R  
Address 4750 NORTHERN PACIFIC DR  
City-State-Zip: JACKSONVILLE FL 32257Title SECRETARY  
Name SARKEES, GEORGE A III  
Address 10950-60 SAN JOSE BLVD, BOX 222  
City-State-Zip: JACKSONVILLE FL 32223Title TREASURER  
Name CARTER, DONALD W  
Address 12140 BRADY ROAD  
City-State-Zip: JACKSONVILLE FL 32223

*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: GEORGE A. SARKEES, III****SECRETARY****03/13/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date