

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10304

**Entity Name:** CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS  
OF FLORIDA**FILED**  
**Jan 29, 2020**  
**Secretary of State**  
**7061635251CC****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: 65-0652322****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E  
200 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 SECRETARY  
Name JONES, RICKY R  
Address 334 NEWCASTLE CT  
City-State-Zip: TITUSVILLE FL 32780Title VP  
Name SCHMITT, DARRELL A  
Address 313 FORMOSA  
City-State-Zip: COCOA BEACH FL 32931-3041Title DIRECTOR  
Name ZIELINSKI, WILLIAM  
Address 310 LINCOLN AVE  
City-State-Zip: CAPE CANAVERAL FL 32920Title PRESIDENT  
Name HUTCHINS, PETER K  
Address 750 N ATLANTIC AVE, UNIT 908  
City-State-Zip: COCOA BEACH FL 32931Title TREASURER  
Name MALTBY, DANIEL M  
Address 1030 S ATLANTIC AVENUE  
City-State-Zip: COCOA BEACH FL 32931-2419

*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: RICKY R. JONES****SECRETARY****01/29/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date