# Entity Name: TEMPLE LODGE NO. 23 FREE AND ACCEPTED MASONS OF FLORIDA

2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

#### **Current Principal Place of Business:**

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

DOCUMENT# C10324

## **Current Mailing Address:**

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

## FEI Number: 59-0478232

#### 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

#### **Officer/Director Detail :**

|  | Title           | VP                     | Title           | TREASURER                  |
|--|-----------------|------------------------|-----------------|----------------------------|
|  | Name            | HENRICKS, THOMAS G III | Name            | JORDAN, ALAN E             |
|  | Address         | 5865 DICKSON RD        | Address         | 2226 IVYGAIL DRIVE W       |
|  | City-State-Zip: | JACKSONVILLE FL 32211  | City-State-Zip: | JACKSONVILLE FL 32225      |
|  |                 |                        |                 |                            |
|  | Title           | PRESIDENT              | Title           | SECRETARY                  |
|  | Name            | CHILDRESS, GROVER G    | Name            | VICKERS, MICHAEL A         |
|  | Address         | 5204 BENNING RD        | Address         | 7925 MERRILL ROAD APT 1202 |
|  | City-State-Zip: | JACKSONVILLE FL 32254  | City-State-Zip: | JACKSONVILLE FL 32277      |
|  |                 |                        |                 |                            |
|  | Title           | DIRECTOR               |                 |                            |
|  | Name            | HECHT, BENJAMIN A      |                 |                            |
|  | Address         | 1345 RIVERPLACE DR     |                 |                            |
|  |                 |                        |                 |                            |

City-State-Zip: JACKSONVILLE FL 32223-1771

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.

SECRETARY

# SIGNATURE: MICHAEL A VICKERS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date