

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000223

**Entity Name:** NORTH PORT MASONIC LODGE F & AM INC**Current Principal Place of Business:**5900 S BISCAYNE DRIVE  
NORTH PORT, FL 34288**Current Mailing Address:**3332 BAILY PALM COURT  
NORTH PORT, FL 34288**FEI Number:** 45-3996671**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYNN, RICHARD E  
220 NORTH 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	PRESIDENT
Name	TIRPAK, MICHAEL D
Address	1081 OHANA WAY #105
City-State-Zip:	NORTH PORT FL 34289

Title	DIRECTOR
Name	WHEATCROFT, DAVID H
Address	5284 PINEHURST CT
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	SHORT, MICHAEL A
Address	4575 HAMWOOD ST
City-State-Zip:	NORTH PORT FL 34287

Title	SECRETARY
Name	COHEN, SAMUEL P
Address	3332 BAILEY PALM COURT
City-State-Zip:	NORTH PORT FL 34288

Title	TREASURER
Name	YATES, MARK D
Address	1151 SUMTER AVE #275
City-State-Zip:	NORTH PORT FL 34287

*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: SAMUEL P. COHEN****SECRETARY****01/11/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date