

**2014 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	DIRECTOR
Name	TIRPAK, MICHAEL D
Address	3176 OLNEY COURT
City-State-Zip:	PORT CHARLOTTE FL 34248

Title	DIRECTOR
Name	MCMULLEN, RICHARD L
Address	6931 WILLOW CREEK DR #182
City-State-Zip:	NORTH PORT FL 34287

Title	PRESIDENT
Name	CULLEN, MICHAEL E
Address	3768 BILLINGHAM LANE
City-State-Zip:	NORTH PORT CHARLOTTE FL 34288

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

Title	TREASURER
Name	MILLAWAY, THOMAS J
Address	2702 DALHART AVE
City-State-Zip:	NORTH PORT FL 34288

*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****02/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date