

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001102

Entity Name: FORT KING DAYLIGHT LODGE NO. 389, INC., FREE AND
ACCEPTED MASONS OF FLORIDA**Current Principal Place of Business:**RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202**FEI Number: 59-3145053****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	SECRETARY
Name	STORY, JOHN R
Address	PO BOX 697
City-State-Zip:	SILVER SPRINGS FL 34489

Title	PRESIDENT
Name	RICE, DAVID M
Address	9888 SW 89 LANE ROAD
City-State-Zip:	OCALA FL 34481

Title	TREASURER
Name	HOWARD, TERRY J
Address	P.O. BOX 1519
City-State-Zip:	OCKLAWAHA FL 32179

Title	DIRECTOR
Name	PAULEY, DANNY
Address	3150 NE 36 AVE LOT 128
City-State-Zip:	OCALA FL 34479

Title	VP
Name	MARTINEZ-VARGAS, JOSE E
Address	5001 SW 20TH ST APT 813
City-State-Zip:	OCALA FL 34474

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: JOHN R. STORY**SECRETARY****01/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date