

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002536

Entity Name: THE MASONIC CHARITIES OF FLORIDA, INC.**Current Principal Place of Business:**220 OCEAN ST
JACKSONVILLE, FL 32202**Current Mailing Address:**P. O. BOX 1020
JACKSONVILLE, FL 32201**FEI Number:** 59-3271856**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	DIRECTOR
Name	HUDSON, STANLEY L
Address	1680 S/W CEFALU CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	DIRECTOR
Name	HOOVER, RICHARD G
Address	334 59TH LANE S
City-State-Zip:	ST. PETERSBURG FL 33707

Title	TREASURER
Name	COFFMAN, ELMER G
Address	2819 NAVAJO RD.
City-State-Zip:	ORANGE PARK FL 32065-6817

Title	DIRECTOR
Name	KARROUM, JOHN E
Address	4814 ORCHARD LANE
City-State-Zip:	DELRAY BEACH FL 33445

Title	PRESIDENT
Name	BORING, STEVEN P
Address	1506 WAR ADMIRAL DRIVE
City-State-Zip:	DELAND FL 32724

Title	SECRETARY
Name	LYNN, RICHARD E
Address	220 OCEAN ST
City-State-Zip:	JACKSONVILLE FL 32202

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: RICHARD E. LYNN**SECRETARY****03/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date