

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002536

Entity Name: THE MASONIC CHARITIES OF FLORIDA, INC.**Current Principal Place of Business:**RICHARD E LYNN
220 OCEAN STREET
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
RICHARD E LYNN
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 PRESIDENT
Name TURLINGTON, THOMAS L JR.
Address 602 SULLIVAN ST
City-State-Zip: DELTONA FL 32725-3210Title VP
Name FOSTER, JEFFREY S
Address 1091 THREE FORKS CT
City-State-Zip: ST AUGUSTINE FL 32092-2414Title TREASURER
Name BOATRIGHT, RUDIN J
Address P O BOX 1020
City-State-Zip: JACKSONVILLE FL 32201Title SECRETARY
Name LYNN, RICHARD E
Address 220 OCEAN ST
City-State-Zip: JACKSONVILLE FL 32202Title OFFICER
Name LAMBERT, ROBERT J
Address 12404 DANBY CT
City-State-Zip: TAMPA FL 33626Title OFFICER
Name BISHOP, GLEN B
Address 1469 S BETTY LN
City-State-Zip: CLEARWATER FL 33756

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****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date