

2020 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 32725-3210

Title	VP
Name	FOSTER, JEFFREY S
Address	1091 THREE FORKS CT
City-State-Zip:	ST AUGUSTINE FL 32092-2414

Title	TREASURER
Name	BOATRIGHT, RUDIN J
Address	P O BOX 1020
City-State-Zip:	JACKSONVILLE FL 32201

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

Title	OFFICER
Name	LAMBERT, ROBERT J
Address	12404 DANBY CT
City-State-Zip:	TAMPA FL 33626

Title	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****06/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date