

2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10016

Entity Name: CLERMONT LODGE NO. 226 FREE AND ACCEPTED MASONS
OF FLORIDA**FILED**
Feb 22, 2016
Secretary of State
CC0858947810**Current Principal Place of Business:**RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202 US**FEI Number: 59-1708786****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	PAQUETTE, GARRETT L
Address	13819 OLD HWY 50
City-State-Zip:	MINNEOLA FL 34715

Title	TREASURER
Name	HICKS, JAMES R
Address	3548 CAPLAND AVE
City-State-Zip:	CLERMONT FL 34711

Title	PRESIDENT
Name	GASQUE, JAMES T III
Address	11248 HASKELL DRIVE
City-State-Zip:	CLERMONT FL 34711

Title	SECRETARY
Name	CARROLL, JAMES P
Address	P. O. BOX 120092
City-State-Zip:	CLERMONT FL 34712

Title	DIRECTOR
Name	HEMENWAY, EDMUND J JR.
Address	10001 CRENSHAW CIR
City-State-Zip:	CLERMONT FL 34711

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: JAMES P. CARROLL**SECRETARY****02/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date