

**2025 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10016

**Entity Name:** CLERMONT LODGE NO. 226 FREE AND ACCEPTED MASONS  
OF FLORIDA

**FILED**  
**Jan 19, 2025**  
**Secretary of State**  
**7336993690CC**

**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 VP  
Name KESTEL, JAMES M  
Address 15514A LAKE LITTLE RD  
City-State-Zip: CLERMONT FL 34715

Title SECRETARY  
Name WIEST, BERT T  
Address P.O. BOX 120092  
City-State-Zip: CLERMONT FL 34712

Title PRESIDENT  
Name FREIBERG, DAVID A  
Address 12332 HAMMOCK POINTE CIR  
City-State-Zip: CLERMONT FL 34711

Title TREASURER  
Name BECKER, JASON D  
Address 10329 MADISON PARK COURT  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name LANDRY, GARY M  
Address 1125 CAVENDER CREEK ROAD  
City-State-Zip: MINNEOLA FL 34715

*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: BERT T. WIEST**

**SECRETARY**

**01/19/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date