

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10027

**FILED**  
**Jan 25, 2020**  
**Secretary of State**  
**5342267868CC**

**Entity Name:** LAKE WALES LODGE NO. 242 FREE AND ACCEPTED MASONS OF FLORIDA

**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: 59-2900926**

**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           BULLOCK, PHILLIP  
Address        5124 WASHINGTON ST  
City-State-Zip: LAKE WALES FL 33859

Title           VP  
Name           BATSON, PERRY D  
Address        733 CARLTON AVE  
City-State-Zip: LAKE WALES FL 33853

Title           PRESIDENT  
Name           CLIFTON, JACOB M  
Address        395 NORWOOD COURT  
City-State-Zip: OVIEDO FL 32765

Title           TREASURER  
Name           BUSH, JOHN K  
Address        PO BOX 2933  
City-State-Zip: WINTER HAVEN FL 33883

Title           SECRETARY  
Name           FISHER, GREGORY A  
Address        214 SUNSHINE DR  
City-State-Zip: LAKE WALES FL 33850

*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: GREGORY A. FISHER**

**SECRETARY**

**01/25/2020**

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

\_\_\_\_\_  
Date