

**2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10027

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

**FILED**  
**Jan 16, 2021**  
**Secretary of State**  
**1355829784CC**

**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 BUCK, GEORGE E  
Address 2343 CAPPs RD  
City-State-Zip: LAKE WALES FL 33898

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

Title VP  
Name WELBORN, CHARLES P  
Address PO BOX 506  
City-State-Zip: LAKE WALES FL 33859

Title TREASURER  
Name BUSH, JOHN K  
Address 3670 PLYMOUTH DR  
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY  
Name FISHER, GREGORY A  
Address 214 SUNSHINE DR  
City-State-Zip: LAKE WALES FL 33859

*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**

**01/16/2021**

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

\_\_\_\_\_  
Date