

2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10045

Entity Name: FROSTPROOF LODGE NO. 229 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**FEI Number: 59-1801087****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	TREASURER
Name	NESMITH, CHARLES W
Address	8 LIPPITT AVE
City-State-Zip:	FROSTPROOF FL 33843

Title	SECRETARY
Name	SHEPARD, JASON D
Address	P.O. BOX 367
City-State-Zip:	FROSTPROOF FL 33843

Title	PRESIDENT
Name	POOLE, FREDRIK S
Address	511 CENTER ST
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	MCAULEY, HUGH M II
Address	3520 CLEVELAND HEIGHTS BLVD APT 173
City-State-Zip:	LAKELAND FL 33803

Title	VP
Name	HUNTER, JIMMY J
Address	1588 SWAN LAKE CIRCLE
City-State-Zip:	DUNDEE FL 33838

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: JASON D. SHEPARD**SECRETARY****01/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date