

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10069

**FILED**  
**Jan 10, 2023**  
**Secretary of State**  
**3521991691CC**

**Entity Name:** RED LEVEL LODGE NO. 134 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:** 59-1662180

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN ST  
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            PRESIDENT  
Name            OGLESBY, DAVID P  
Address        27276 NW CJM RD  
City-State-Zip: ALTHA FL 32421

Title            DIRECTOR  
Name            STRENGTH, JAMES C  
Address        25381 NE ALBERT TINDEL RD  
City-State-Zip: ALTHA FL 32421

Title            TREASURER  
Name            TRICKEY, MICHAEL D  
Address        16783 N/E E B TRICKEY LN  
City-State-Zip: ALTHA FL 32421-4394

Title            SECRETARY  
Name            GODWIN, JOHN D JR  
Address        22852 STATE ROAD 71 N  
City-State-Zip: ALTHA FL 32421

Title            VP  
Name            STRENGTH, JEREMY L  
Address        18903 NE AUTUMN LN  
City-State-Zip: ALTHA FL 32421

*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:** JOHN D. GODWIN, JR.

**SECRETARY**

**01/10/2023**

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

\_\_\_\_\_  
Date