

2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10084

Entity Name: RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Jan 09, 2021
Secretary of State
2559107003CC**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: 23-7526380****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 PRESIDENT
Name CARTER, MILES N
Address 13188 SE CR 100A
City-State-Zip: STARKE FL 32091Title VP
Name CLARK, KEVIN J
Address 22811 NE 123RD PATH
City-State-Zip: RAIFORD FL 32083Title DIRECTOR
Name ANDERSON, RANDALL A
Address 17539 NE 261ST AVE
City-State-Zip: LAWTEY FL 32058Title SECRETARY
Name ROSIER, JAMES D
Address 16999 NE 261ST AVE
City-State-Zip: LAWTEY FL 32058Title TREASURER
Name THOMAS, STUART
Address 12473 N/E CR 793
City-State-Zip: RAIFORD FL 32083

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: JAMES D. ROSIER**SECRETARY****01/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date