

2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10108

Entity Name: TRILBY LODGE NO. 141 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**
Feb 13, 2019
Secretary of State
4845582939CC**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: 80-0507339****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 THARIN, FOREST D
Address 37043 TRILBY RD
City-State-Zip: DADE CITY FL 33523Title TREASURER
Name CAPES, MARK
Address 36750 JEFFERSON AVE
City-State-Zip: DADE CITY FL 33523-3255Title VP
Name BARNES, MICHAEL W
Address 36653 PALM ST
City-State-Zip: DADE CITY FL 33525-4553Title DIRECTOR
Name WEHLING, KEVIN A
Address PO BOX 965
City-State-Zip: LACOOCHEE FL 33537-0965Title SECRETARY
Name WATSON, WILLIAM J
Address P. O. BOX 335
City-State-Zip: TRILBY FL 33593-0335

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: WILLIAM J WATSON**SECRETARY****02/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date