

**2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10112

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC8647866444**

**Entity Name:** PERRY LODGE NO. 123 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: 23-7161310**

**Certificate of Status Desired: No**

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

LYNN, RICHARD  
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           CONE, ZACHARY D  
Address        127 EAST PACE DRIVE  
City-State-Zip: PERRY FL 32347

Title           SECRETARY  
Name           WOOD, ALLEN E JR.  
Address        2370 MCDANIEL ROAD  
City-State-Zip: PERRY FL 32347

Title           PRESIDENT  
Name           PARKER, LARRY T SR.  
Address        3888 FOLEY CUT-OFF ROAD  
City-State-Zip: PERRY FL 32348

Title           TREASURER  
Name           BRADY, JOHN T JR.  
Address        6384 WOODS CREEK ROAD  
City-State-Zip: PERRY FL 32347

Title           DIRECTOR  
Name           MOORE, GEORGE C  
Address        214 N CALHOUN ST  
City-State-Zip: PERRY FL 323472632

*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: ALLEN E. WOOD JR**

**SECRETARY**

**01/30/2014**

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

\_\_\_\_\_  
Date