

**2025 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10119

**Entity Name:** STAR LODGE NO. 78 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: 23-7163084****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	VP
Name	JORDAN, CHARLES R
Address	1050 STARKEY RD UNIT 2304
City-State-Zip:	LARGO FL 33771

Title	TREASURER
Name	CLOUSER, JAMES R
Address	208 TROPIC BLVD E
City-State-Zip:	LARGO FL 33770

Title	PRESIDENT
Name	DINGMAN, JASON P
Address	14450 APACHE AVE
City-State-Zip:	LARGO FL 33774

Title	SECRETARY
Name	STELLRECHT, J PAUL
Address	12404 93RD AVE
City-State-Zip:	SEMINOLE FL 33772

Title	DIRECTOR
Name	O'ROAKE, MICHAEL A
Address	8400 49TH ST N APT 1706
City-State-Zip:	PINELLAS PARK FL 33781

*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: J PAUL STELLRECHT****SECRETARY****01/12/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date