

**2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10168

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC5742470618**

**Entity Name:** PINE CASTLE LODGE NO. 368 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: 23-7526579**

**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            SECRETARY  
Name            MILES, JOHN A  
Address        P.O. BOX 593681  
City-State-Zip: ORLANDO FL 32859-3681

Title            DIRECTOR  
Name            DIAZ, MICHAEL L  
Address        4823 HEADLEE DR  
City-State-Zip: ORLANDO FL 32822-1717

Title            PRESIDENT  
Name            TORRES, RENE  
Address        P.O. BOX 570310  
City-State-Zip: ORLANDO FL 32857-0310

Title            DIRECTOR  
Name            SOUZA, DAVID M  
Address        727 BROOKHAVEN DR  
City-State-Zip: ORLANDO FL 32803

Title            TREASURER  
Name            GUEST, JAMES A  
Address        473 AMERICAN HERITAGE CT  
City-State-Zip: ORLANDO FL 32809

*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 A. MILES**

**SECRETARY**

**03/23/2015**

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

\_\_\_\_\_  
Date