

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10193

**Entity Name:** LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Jan 17, 2023**  
**Secretary of State**  
**2993556686CC**

**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: 59-2264867**

**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 VP  
Name GERMOSEN, ANTONIO A  
Address 479 FORT SMITH BLVD  
City-State-Zip: DELTONA FL 32738

Title DIRECTOR  
Name KENNEDY, TIMOTHY N  
Address 1886 DEL RIO CT  
City-State-Zip: DELTONA FL 32725

Title PRESIDENT  
Name MORREALE, LEONARD  
Address 2679 COLLINGSWOOD DR  
City-State-Zip: DELTONA FL 32738

Title TREASURER  
Name LISK, JERRY W  
Address 337 RIVIERA DR  
City-State-Zip: DEBARY FL 32713

Title SECRETARY  
Name ALBRIGHT, CRAIG N  
Address 720 N APACHE CIR  
City-State-Zip: DELTONA FL 32725

*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: CRAIG N. ALBRIGHT**

**SECRETARY**

**01/17/2023**

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

\_\_\_\_\_  
Date