

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10193

**FILED  
Mar 20, 2016  
Secretary of State  
CC7669773492**

**Entity Name:** LANDMARK LODGE NO. 383 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: 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           DIRECTOR  
Name           DIXON, JAMES C  
Address        714 BLUE SPRINGS AVE  
City-State-Zip: DELTONA FL 32763-6452

Title           PRESIDENT  
Name           SLAUSON, EDWARD M  
Address        2429 HAULOVER BLVD  
City-State-Zip: DELTONA FL 32725

Title           DIRECTOR  
Name           FRANKLIN, MITCHELL R  
Address        1885 1ST AVE  
City-State-Zip: DELAND FL 32724

Title           TREASURER  
Name           DOMINGUEZ, ANGEL G  
Address        3291 COMMERCE AVE  
City-State-Zip: DELTONA FL 32738

Title           SECRETARY  
Name           PROWANT, JAMEY L  
Address        PO BOX 6523  
City-State-Zip: DELTONA FL 32728-6523

*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: JAMEY L. PROWANT**

**SECRETARY**

**03/20/2016**

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

\_\_\_\_\_  
Date