

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10202

**FILED**  
**Jan 07, 2023**  
**Secretary of State**  
**3500045354CC**

**Entity Name:** CHERRY HILL LODGE NO. 12 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

**FEI Number: 23-7106641**

**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            SECRETARY  
Name            CADRAIN, DONALD F  
Address        3140 SW COUNTY ROAD 18  
City-State-Zip: FORT WHITE FL 32038

Title            VP  
Name            GOCEK, VINCENT L  
Address        265 SW COUNTY ROAD 18  
City-State-Zip: HIGH SPRINGS FL 32643

Title            PRESIDENT  
Name            DIXON, MICHAEL  
Address        PO BOX 542  
City-State-Zip: FORT WHITE FL 32038

Title            DIRECTOR  
Name            STEWART , ROBERT L  
Address        620 OLD NIBLACK  
City-State-Zip: FORT WHITE FL 32038

Title            TREASURER  
Name            HELIG, JOEY  
Address        224 SW SIERRA CT  
City-State-Zip: FORT WHITE FL 32038

*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: DONALD F. CADRAIN**

**SECRETARY**

**01/07/2023**

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

\_\_\_\_\_  
Date