# Entity Name: MARATHON LODGE NO. 323 FREE AND ACCEPTED MASONS OF FLORIDA

2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

### **Current Principal Place of Business:**

RICHARD E. LYNN 220 OCEAN ST. JACKSONVILLE, FL 32202

DOCUMENT# C10205

# **Current Mailing Address:**

RICHARD E. LYNN 220 OCEAN ST. JACKSONVILLE, FL 32202

# FEI Number: 59-1724622

### 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:

City-State-Zip:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	VP	Title	DIRECTOR
Name	HALL, ROGER L	Name	THEUNE, PHILIPP C
Address	2411 GROUPER DR	Address	PO BOX 500548
City-State-Zip:	MARATHON FL 33050	City-State-Zip:	MARATHON FL 33050
Title	SECRETARY	Title	PRESIDENT
Name	MALONE, MARTIN L	Name	WALRAVEN, DARREL V
Address	110 89TH ST OCEAN	Address	500 91ST STREET OCEAN
City-State-Zip:	MARATHON FL 33050	City-State-Zip:	MARATHON FL 33050
Title	TREASURER		
Name	STOFFO, JAMES		
Address	31146 ATLANTIS DR		
	Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name	NameHALL, ROGER LAddress2411 GROUPER DRCity-State-Zip:MARATHON FL 33050TitleSECRETARYNameMALONE, MARTIN LAddress110 89TH ST OCEANCity-State-Zip:MARATHON FL 33050TitleTREASURERNameSTOFFO, JAMES	NameHALL, ROGER LNameAddress2411 GROUPER DRAddressCity-State-Zip:MARATHON FL 33050City-State-Zip:TitleSECRETARYTitleNameMALONE, MARTIN LNameAddress110 89TH ST OCEANAddressCity-State-Zip:MARATHON FL 33050City-State-Zip:TitleRARATHON FL 33050City-State-Zip:TitleSTOFFO, JAMESSTOFFO, JAMES

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.

SECRETARY

# SIGNATURE: MARTIN L. MALONE

BIG PINE KEY FL 33043

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date