

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10222

**FILED**  
**Jan 21, 2024**  
**Secretary of State**  
**9773646757CC**

**Entity Name:** CORINTHIAN LODGE NO. 191 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: 59-1978974**

**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 SWEENEY, LARRY D  
Address 3801 BENT TREE LOOP W  
City-State-Zip: LAKELAND FL 33813

Title TREASURER  
Name PICKREN, ANTHONY L  
Address 4707 MCKEEN ST  
City-State-Zip: LAKELAND FL 33811

Title SECRETARY  
Name PERRITT, SCOTT J  
Address P. O. BOX 3  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name HILL, CHRISTOPHER  
Address 4039 BUTTONBUSH CIR  
City-State-Zip: LAKELAND FL 33811

Title PRESIDENT  
Name GONZALEZ, MICHAEL W  
Address 6203 TRAVIS BLVD  
City-State-Zip: TAMPA FL 33610

*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: SCOTT J. PERRITT**

**SECRETARY**

**01/21/2024**

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

\_\_\_\_\_  
Date