

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10269

**FILED**  
**Feb 06, 2016**  
**Secretary of State**  
**CC1800901156**

**Entity Name:** MICANOPY LODGE NO. 29 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P. O. BOX 1020  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-3119776

**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           CLARK, HOWARD S  
Address        P. O. BOX 333  
City-State-Zip: MCINTOSH FL 32664-0333

Title           SECRETARY  
Name           MERRITT, KURT F  
Address        PO BOX 154  
City-State-Zip: MICANOPY FL 32667

Title           DIRECTOR  
Name           EDWARDS, WILLIAM H  
Address        18310 SE 75TH STREET  
City-State-Zip: MICANOPY FL 32667-3788

Title           TREASURER  
Name           VANAARNAM, DOW R  
Address        RR 2 BOX 366  
City-State-Zip: MICANOPY FL 32667

Title           PRESIDENT  
Name           KNIGHT, WILLIAM M  
Address        P. O. BOX 83  
City-State-Zip: MCINTOSH FL 326640083

*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:** KURT F. MERRITT

**SECRETARY**

**02/06/2016**

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

\_\_\_\_\_  
Date