

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10269

**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**7895096847CC**

**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            PRESIDENT  
Name            HOLSBEKE, MATTHEW J  
Address        133 BAKERS ACRES DR  
City-State-Zip: HAWTHORNE FL 32640

Title            SECRETARY  
Name            MERRITT, KURT F  
Address        24310 NE 35TH AVE  
City-State-Zip: MELROSE FL 32666

Title            VP  
Name            JORDAN, THOMAS F  
Address        9506 SW 81ST WAY  
City-State-Zip: GAINESVILLE FL 32608

Title            TREASURER  
Name            VAN ARNAM, RANKIN D  
Address        22422 HIGHWAY 441 N  
City-State-Zip: MICANOPY FL 32667

Title            DIRECTOR  
Name            VEGA, JOSE M  
Address        14413 SE 14TH TER  
City-State-Zip: MICANOPY FL 32667

*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**

**01/18/2024**

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

\_\_\_\_\_  
Date