

**2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10269

**FILED**  
**Jan 19, 2014**  
**Secretary of State**  
**CC4587761337**

**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	DEADERICK, WILLIAM L
Address	P. O. BOX 745
City-State-Zip:	MCINTOSH FL 32664
Title	SECRETARY
Name	DAVIS, MARVIN R
Address	P. O. BOX 154
City-State-Zip:	MICANOPY FL 32667-0154
Title	DIRECTOR
Name	KNIGHT, BILL
Address	P. O. BOX 83
City-State-Zip:	MCINTOSH FL 326640083

Title	PRESIDENT
Name	MCCULLORS, DAVID L
Address	787 UNITY COURT
City-State-Zip:	FORT WHITE FL 32038
Title	TREASURER
Name	AMAN, DOW
Address	RR 2, BOX 366
City-State-Zip:	MICANOPY FL 32667-9421

*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: MARVIN R. DAVIS**

**SECRETARY**

**01/19/2014**

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

\_\_\_\_\_  
Date