

**2017 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10269

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC7238050771**

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

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

Title            OFFICER  
Name            RATNER, STEVEN A  
Address        3324 W UNIVERSITY AVE #316  
City-State-Zip: GAINESVILLE FL 32607

*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**

**01/17/2017**

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

\_\_\_\_\_  
Date