

**2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10271

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**4569959940CC**

**Entity Name:** GREENVILLE LODGE NO. 28 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 32201

**FEI Number: 23-7526341**

**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            SECRETARY  
Name            SIRMON, JOHN W  
Address        5490 N/W HONEY LAKE ROAD  
City-State-Zip: GREENVILLE FL 32331

Title            PRESIDENT  
Name            CONE, FOUNTAIN C JR  
Address        4280 JOHNSON STRIPLING RD  
City-State-Zip: PERRY FL 32347

Title            DIRECTOR  
Name            HIBBS, ROY A  
Address        171 SE HAMMERLY ST  
City-State-Zip: MADISON FL 32331

Title            VP  
Name            CONE, ZACHARY C  
Address        4280 JOHNSON STRIPLING RD  
City-State-Zip: PERRY FL 32347

Title            TREASURER  
Name            DEGRACIA, CRISTOBAL  
Address        453 SE HARDING STREET  
City-State-Zip: MADISON FL 32340

*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: JOHN W SIRMON**

**SECRETARY**

**01/29/2019**

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

\_\_\_\_\_  
Date