

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10290

**FILED  
Mar 13, 2016  
Secretary of State  
CC9958019755**

**Entity Name:** SUGARLAND LODGE NO. 281 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

**FEI Number: 23-7526507**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN ST  
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           TREASURER  
Name           AIKIN, CECIL O  
Address        71 N ELM STREET  
City-State-Zip: LABELLE FL 33935

Title           PRESIDENT  
Name           REYES, TEODORO H  
Address        224 DESOTO AVE  
City-State-Zip: CLEWISTON FL 33440

Title           DIRECTOR  
Name           MADDOX, WILLIAM JR.  
Address        24300 LOBLOLLY BAY ROAD SW  
City-State-Zip: LABELLE FL 33935

Title           SECRETARY  
Name           CLEMMONS, RICHARD L  
Address        P. O. BOX 72  
City-State-Zip: CLEWISTON FL 33440

Title           DIRECTOR  
Name           LANFIER, MARCUS  
Address        1529 FARM ROAD  
City-State-Zip: SEBRING FL 33875

*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: RICHARD L. CLEMMONS**

**SECRETARY**

**03/13/2016**

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

\_\_\_\_\_  
Date