

2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10290

Entity Name: SUGARLAND LODGE NO. 281 FREE AND ACCEPTED MASONS
OF FLORIDA**FILED**
Feb 03, 2014
Secretary of State
CC5195482415**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 PRESIDENT
Name AIKIN, CECIL O
Address 71 N ELM STREET
City-State-Zip: LABELLE FL 33935Title DIRECTOR
Name REYES, TEODORO H
Address 224 DESOTO AVE
City-State-Zip: CLEWISTON FL 33440Title TREASURER
Name VEALE, DAVID J
Address P. O. BOX 861
City-State-Zip: CLEWISTON FL 33440-0861Title SECRETARY
Name CLEMMONS, RICHARD L
Address P. O. BOX 72
City-State-Zip: CLEWISTON FL 33440Title DIRECTOR
Name ANGELL, AARON K
Address 1251 SHERWOOD AVENUE
City-State-Zip: CLEWISTON FL 33440

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****02/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date