

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # C10207 (4)**

1. Corporation Name  
**CANTONMENT LODGE NO. 322 FREE AND ACCEPTED MASON  
S OF FLORIDA**



Principal Place of Business Mailing Address  
**C/O WILLIAM G. WOLF**  
220 OCEAN ST.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 Roy Connor Sheppard** **26 Roy Connor Sheppard**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28**  
Zip Country Zip Country  
**24** **25** **29** **30**

4. FEI Number **23-7526540** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR**  
220 OCEAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83** **500001766495**  
**-04/02/96--01061--001**  
**84 City** **\*\*\*5083.75** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) **2/16/96** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>WMD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
NAME	<b>RAMSER, KIM R</b>	1.2 NAME	<b>DOUGLAS WILLIAM TIPTON</b>
STREET ADDRESS	<b>425 KITTREL ST.</b>	1.3 STREET ADDRESS	<b>1743 BOOTH LAKE ROAD</b>
CITY-ST-ZIP	<b>CANTONMENT FL 32533-4329</b>	1.4 CITY-ST-ZIP	<b>CANTONMENT FL 32533-7016</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SENIOR WARDEN (D)</b>
NAME	<b>YERG, STEPHEN M JR</b>	2.2 NAME	<b>GREGG CLARK MILLER</b>
STREET ADDRESS	<b>6111 HIGHWAY 29 N</b>	2.3 STREET ADDRESS	<b>3309 MEGHANS WAY</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>	2.4 CITY-ST-ZIP	<b>PACE FL 32571</b>
TITLE	<b>SWD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
NAME	<b>TIPTON, DOUGLAS W</b>	3.2 NAME	<b>CHARLES FLETCHER FOLMAR JR</b>
STREET ADDRESS	<b>1743 BOOTH LAKE ROAD</b>	3.3 STREET ADDRESS	<b>440 WEEPING WILLOW CT</b>
CITY-ST-ZIP	<b>CANTONMENT FL 32533-7016</b>	3.4 CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>
TITLE	<b>JWD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER (D)</b>
NAME	<b>MILLER, GREGG C</b>	4.2 NAME	<b>NATHAN AARON REGISTER</b>
STREET ADDRESS	<b>3309 MEGHANS WAY</b>	4.3 STREET ADDRESS	<b>404 NEW YORK DR</b>
CITY-ST-ZIP	<b>PACE FL 32571</b>	4.4 CITY-ST-ZIP	<b>PENSACOLA FL 32505-4633</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SECRETARY (D)</b>
NAME	<b>REGISTER, NATHAN A</b>	5.2 NAME	<b>STEPHEN MICHAEL YERG JR</b>
STREET ADDRESS	<b>404 NEW YORK DRIVE</b>	5.3 STREET ADDRESS	<b>6111 HIGHWAY 29 N</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32505-4633</b>	5.4 CITY-ST-ZIP	<b>MOLINO FL 32577</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**2/16/96**

**32**  
**4.2**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not que certify that the information indicated on this annual report or supplemental annual report is true and acouath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3-4-96** **904-354-2339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #