

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10207 (4)**

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



Principal Place of Business <b>C/O ROY CONNOR SHEPPARD          220 OCEAN ST.          JACKSONVILLE FL 32202</b>	Mailing Address <b>C/O ROY CONNOR SHEPPARD          220 OCEAN ST.          JACKSONVILLE FL 32202-3218</b>
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3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/02/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>23-7526540</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

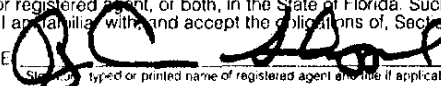
9. Name and Address of Current Registered Agent

**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	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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:  DATE: **2-3-97**

(NOTE: Registered Agent signature required when reinstating)

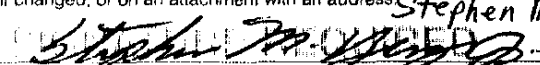
12. OFFICERS AND DIRECTORS

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>TIPTON, DOUGLAS WILLIAM</b>	
STREET ADDRESS	<b>1743 BOOTH LAKE RD.</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32553-7016</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, GREGG CLARK</b>	
STREET ADDRESS	<b>3309 MEGHANS WAY</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOLMAR, CHARLES FLETCHER JR.</b>	
STREET ADDRESS	<b>440 WEEPING WILLOW CT</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>REGISTER, NATHAN AARON</b>	
STREET ADDRESS	<b>404 NEW YORK DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505-4633</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>YERG, STEPHEN MICHAEL JR.</b>	
STREET ADDRESS	<b>6111 HIGHWAY 29 N.</b>	
CITY-ST-ZIP	<b>MOLINO FL 32577</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>WORSHIPFUL MASTER D</b>
1.2 NAME	<b>Charles Fletcher Folmar Jr</b>
1.3 STREET ADDRESS	<b>440 Weeping Willow Ct</b>
1.4 CITY-ST-ZIP	<b>Molino Fl 32577-5135</b>
2.1 TITLE	<b>SENIOR WARDEN D</b>
2.2 NAME	<b>John Chester Hendrickson</b>
2.3 STREET ADDRESS	<b>600 Hawkins Road</b>
2.4 CITY-ST-ZIP	<b>Pensacola FL 32534</b>
3.1 TITLE	<b>JUNIOR WARDEN D</b>
3.2 NAME	<b>Kenneth Eugene Gibbs</b>
3.3 STREET ADDRESS	<b>9048 North Palafox</b>
3.4 CITY-ST-ZIP	<b>Pensacola FL 32524</b>
4.1 TITLE	<b>TREASURER D</b>
4.2 NAME	<b>Nathan Aaron Register</b>
4.3 STREET ADDRESS	<b>404 New York Dr</b>
4.4 CITY-ST-ZIP	<b>Pensacola Fl 32505-4633</b>
5.1 TITLE	<b>SECRETARY D</b>
5.2 NAME	<b>Stephen Michael Yerg Jr</b>
5.3 STREET ADDRESS	<b>6111 Highway 29 N</b>
5.4 CITY-ST-ZIP	<b>Molino Fl 32577</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **Feb 19, 1997** DAYTIME PHONE: **904-354-2339**

(NOTE: Registered Agent signature required when reinstating)

CH2E037 (9/96)