


FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: C/O ROY CONNOR SHEPPARD, 220 OCEAN ST., JACKSONVILLE FL 32202
Mailing Address: C/O ROY CONNOR SHEPPARD, 220 OCEAN ST., JACKSONVILLE FL 32202

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/30/1992
4. FEI Number: 23-7526540
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 (81-85) fields for Name, Street Address, City, and 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 2-13-98

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) X	<input type="checkbox"/> Addition
1.2 NAME	John Chester Hendrickson	
1.3 STREET ADDRESS	600 Hawkins Road	
1.4 CITY-ST-ZIP	Pensacola FL 32534	
2.1 TITLE	SECRETARY (D) X	<input type="checkbox"/> Addition
2.2 NAME	Stephen Michael Yerg Jr	
2.3 STREET ADDRESS	6111 Highway 29 N	
2.4 CITY-ST-ZIP	Molino FL 32577	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SENIOR WARDEN (D) X	<input type="checkbox"/> Addition
3.2 NAME	Kenneth Eugene Gibbs	
3.3 STREET ADDRESS	9048 North Palafox	
3.4 CITY-ST-ZIP	Pensacola FL 32524	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D) X	<input type="checkbox"/> Addition
4.2 NAME	Robert Edward Crow	
4.3 STREET ADDRESS	4412 Cedarbrook Dr	
4.4 CITY-ST-ZIP	Pensacola FL 32526	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D) X	<input type="checkbox"/> Addition
5.2 NAME	Nathan Aaron Register	
5.3 STREET ADDRESS	404 New York Dr	
5.4 CITY-ST-ZIP	Pensacola FL 32505	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: [Signature] DATE: 3-2-98

CP2E037 (10/97)