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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10207

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7526540
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: N/A DATE: N/A

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	D HENDRICKSON, JOHN C 600 HAWKINS RD PENSACOLA FL 32534	1.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>		1.2 NAME	Charles Fletcher Folmar Jr
STREET ADDRESS		1.3 STREET ADDRESS	440 Weeping Willow Ct
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Molino FL 32577-5135
TITLE <input checked="" type="checkbox"/> DELETE	D GIBBS, KENNETH E 9048 NORTH PALAFOX PENSACOLA FL 32524	2.1 TITLE	
NAME <input checked="" type="checkbox"/>		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D CROW, ROBERT E 4412 CEDARBROOK DR PENSACOLA FL 32526	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	TD REGISTER, NATHAN AARON 404 NEW YORK DR PENSACOLA FL 32505-4633	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	SD YERG, STEPHEN MICHAEL JR. 6111 HIGHWAY 29 N. MOLINO FL 32577	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Michael Yerg Jr. DATE: 3-5-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)