FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -2 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10328 (8)

1. Corporation Name

MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED MASONS OF FLORIDA

100001419951
-03/02/95--01109--001
DO NOT WRITE IN THIS SPACE **130.00

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

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6201215 ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WILLIAM G. 220 OCEAN STREET JACKSONVILLE FL 32202	81 SHEPPARD, ROY CONNOR 82 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	DESSELL, ROBERT C	1.2 NAME	WILLIAM AARON PARKER III
STREET ADDRESS	602 RUE MAX AVE	1.3 STREET ADDRESS	P.O. BOX 3205 N/A
CITY-ST-ZIP	WARRINGTON FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32516-3205
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	LYNCH, WILLARD E JR	2.2 NAME	WILLARD EARL LYNCH JR
STREET ADDRESS	7101 WYMART RD	2.3 STREET ADDRESS	7101 WYMART RD
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA FL 32526-3903
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	PARKER, WILLIAM A III	3.2 NAME	JESSE LEON SINGLETON
STREET ADDRESS	PO BOX 3205 N/A	3.3 STREET ADDRESS	6400 MEADOWFIELD CIR.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32526-4142
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	SINGLETON, JESSE L	4.2 NAME	PERRY BRUCE CROUCH
STREET ADDRESS	6400 MEADOWFIELD CIR	4.3 STREET ADDRESS	330 BUNKER HILL DR
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	T	5.1 TITLE	TREASURER/D
NAME	WHITE, ROGER D	5.2 NAME	ROGER DALE WHITE
STREET ADDRESS	2875 MONICA LN	5.3 STREET ADDRESS	2875 MONICA LN
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	CANTONMENT FL 32533-7761
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/2/95 WSB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William A. Parker III [signature] 2/9/95 904-455-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001084