

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10328

(8)

1. Corporation Name

MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED MAS
ONS OF FLORIDA

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

04/08/1996

4. FEI Number

59-6201215

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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 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 typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE JWD ☐ DELETE
NAME CLIPPER, HAYWARD E
STREET ADDRESS 54 ADKINSON DR. E
CITY-ST-ZIP PENSACOLA FL 32516-32051.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Frans Oscar Brooks
1.3 STREET ADDRESS 3537 Stratford Lane
1.4 CITY-ST-ZIP Pace FL 32571TITLE SD ☐ DELETE
NAME LYNCH, WILLARD E JR
STREET ADDRESS 7101 WYMART RD
CITY-ST-ZIP PENSACOLA FL 32526-39032.1 TITLE SENIOR WARDEN D
2.2 NAME Hayward Eugene Clipper
2.3 STREET ADDRESS 54 Adkinson Dr. E
2.4 CITY-ST-ZIP Pensacola FL 32506TITLE SWD ☐ DELETE
NAME BROOKS, FRANS O
STREET ADDRESS 6493 MYRTLE HILL CIRCLE
CITY-ST-ZIP PENSACOLA FL 325063.1 TITLE JUNIOR WARDEN D
3.2 NAME Lawrence Joseph Krawitz
3.3 STREET ADDRESS 5036 Chandella Dr
3.4 CITY-ST-ZIP Pensacola FL 32507TITLE WMD ☐ DELETE
NAME CROUCH, PERRY B
STREET ADDRESS 330 BUNKER HILL DR.
CITY-ST-ZIP PENSACOLA FL 325064.1 TITLE TREASURER D
4.2 NAME Roger Dale White
4.3 STREET ADDRESS 2875 Monica Ln
4.4 CITY-ST-ZIP Cantonment FL 32533-7761TITLE T ☐ DELETE
NAME WHITE, ROGER D
STREET ADDRESS 2875 MONICA LN
CITY-ST-ZIP CANTONMENT FL 32533-77615.1 TITLE SECRETARY D
5.2 NAME Willard Earl Lynch Jr
5.3 STREET ADDRESS 7101 Wymart Rd
5.4 CITY-ST-ZIP Pensacola FL 32526-3903TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. 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:

Frans O. Brooks
2-13-97 904-9944214

CR2E037 (9/96)