

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90244 001 *3,246.25

DOCUMENT # C10328

1. Entity Name

MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED MAS

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6201215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JWD** ☒ Delete
 NAME **MCNAIR, ROBERT W**
 STREET ADDRESS **424 NORTH 59TH AVENUE**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **John Lyle Mitchell**
 STREET ADDRESS **2633 SOUTHERN OAKS DR**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **SD** ☐ Delete
 NAME **LYNCH, WILLARD E JR**
 STREET ADDRESS **7101 WYMART RD**
 CITY-ST-ZIP **PENSACOLA FL 32526-3903**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Robert Warren McNair**
 STREET ADDRESS **5713 McNair Ln.**
 CITY-ST-ZIP **Pensacola FL 32506**

TITLE **WMD** ☒ Delete
 NAME **EZELL, JAMES M**
 STREET ADDRESS **7861 LENORA COURT**
 CITY-ST-ZIP **PENSACOLA FL 32526-3511**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Robert Joseph Hodges**
 STREET ADDRESS **7865 LENORA CT**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **SWD** ☒ Delete
 NAME **MITCHELL, JOHN L**
 STREET ADDRESS **8405 ALEKAI DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32526-2401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **WHITE, ROGER D**
 STREET ADDRESS **2875 MONICA LN**
 CITY-ST-ZIP **CANTONMENT FL 32533-7761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willard E Lynch* Sec. 3/21/01 850-944-1716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)