

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90480 001 \*2,817.50

**DOCUMENT # C10328**

1. Entity 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 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**

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 **WMD** ☒ Delete  
 NAME **MITCHELL, JOHN L**  
 STREET ADDRESS **2633 SOUTHRN OAKS DR**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☒ Addition  
 NAME **James Warner Anthony Jr.**  
 STREET ADDRESS **5244 CHESTNUT AVE**  
 CITY-ST-ZIP **PAGE FL 32571**

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 **Jimmie Lee Lindt**  
 STREET ADDRESS **13083 W Concord DR**  
 CITY-ST-ZIP **LILLIAN AL 36549**

TITLE **SWD** ☒ Delete  
 NAME **MCAIR, ROBERT W**  
 STREET ADDRESS **5713 MENAIR LN**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition  
 NAME **Joseph Frazier Holberg Sr**  
 STREET ADDRESS **231 Willow St**  
 CITY-ST-ZIP **PENSACOLA FL 32506-5441** ☐ Change ☐ Addition

TITLE **JWD** ☒ Delete  
 NAME **HODGES, ROBERT**  
 STREET ADDRESS **7865 LENORA CRT**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

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 32533-7781**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Willard E. Lynch, Jr., Sec.**

**3/8/2002**

Date

Daytime Phone #

**850-944-1716**

CR2E037 (9/01)