

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90257 001 \*\*\*\*61.25

**DOCUMENT # C10328**

1. Entity Name  
MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED  
MASONS 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004

Chg-NP

CR2E037 (10/03)

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

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WMD  
HOLBERG, JOSEPH F SR  
321 WILLOW STREET  
PENSACOLA, FL 32506 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LYNCH, WILLARD E JR  
7101 WYMART RD  
PENSACOLA, FL 325263903 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SWD  
HARTLEY, JOHN O  
1101 SUMMER SHADE LANE  
CANTONMENT, FL 32533 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JWD  
THOMPSON, WILLIAM D  
5886 SHIMMERING PINES STREET  
MILTON, FL 32571 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WHITE, ROGER D  
2875 MONICA LN  
CANTONMENT, FL 325337761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
John O'Neal Hartley  
1101 SUMMER SHADE LANE  
CANTONMENT FL 32533-5723

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SENIOR WARDEN (D) ☒ Change ☐ Addition  
William Devin Thompson  
5886 SHIMMERING PINES ST  
PACE FL 32571-7330

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JUNIOR WARDEN (D) ☒ Change ☐ Addition  
James Warner Anthony Jr  
5244 CHESTNUT AVE  
PACE FL 32571-9007

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

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

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

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

Date

Daytime Phone #

3/30/04 850-944.1716