


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90128 027 \*\*\*\*61.25

<b>DOCUMENT # C10328</b> 1. Entity Name <b>MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD		TITLE	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, WILLIAM D		NAME	John O'Neal Hartley	
STREET ADDRESS	5886 SHIMMERING PINES ST		STREET ADDRESS	1101 Summer Shade Ln	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	Cantonment FL 32533-5723	
TITLE	D		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	ANTHONY, JAMES W JR		NAME	Robert Winston Dennard	
STREET ADDRESS	5244 CHESTNUT AVE		STREET ADDRESS	527 Seapine Cir	
CITY-ST-ZIP	PENSACOLA, FL 325741		CITY-ST-ZIP	Pensacola FL 32506-6238	
TITLE	JWD		TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Addition	
NAME	ANTHONY, JR., JAMES WARNER		NAME	Willard Earl Lynch Jr	
STREET ADDRESS	5244 CHESTNUT AVE.		STREET ADDRESS	7101 Wymart Rd	
CITY-ST-ZIP	PACE, FL 325719007		CITY-ST-ZIP	Pensacola FL 32526-3903	
TITLE	SWD		TITLE		
NAME	THOMPSON, WILLIAM D		NAME		
STREET ADDRESS	5886 SHIMMERING PINES STREET		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 325717330		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	WHITE, ROGER D		NAME		
STREET ADDRESS	2875 MONICA LN		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 325337761		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	SAUL, CHRISTOPHER T		NAME		
STREET ADDRESS	1251 MCKENZIE RD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Willard E. Lynch Jr</u></b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <b>3-9-06</b>	
				<small>Daytime Phone #</small> <b>904-354-2339</b>	