

2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10207

Entity Name: CANTONMENT LODGE NO. 322 FREE AND ACCEPTED
MASONS OF FLORIDA**Current Principal Place of Business:**RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202**FEI Number:** 23-7526540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYNN, RICHARD E
220 OCEAN STREET
JACKSONVILLE, FL 32202 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	ARNETTE, LESLIE D
Address	1974 VIRECENT ROAD
City-State-Zip:	CANTONMENT FL 32533-8232

Title	PRESIDENT
Name	MARSHALL, JAMES T
Address	3039 CREEKWOOD DR
City-State-Zip:	CANTONMENT FL 32533

Title	DIRECTOR
Name	SCHREIBER, WILLIAM T
Address	980 CANDLESTICK DR
City-State-Zip:	PENSACOLA FL 32514

Title	SECRETARY
Name	WISCOMBE, THOMAS L
Address	PO BOX 462
City-State-Zip:	CANTONMENT FL 32533

Title	VP
Name	BOULANGER, SEAN T
Address	6537 MINT JULEP TRAIL
City-State-Zip:	PENSACOLA FL 32526

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS L. WISCOMBE**SECRETARY****01/15/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date