

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10207

**Entity Name:** CANTONMENT LODGE NO. 322 FREE AND ACCEPTED  
MASONS OF FLORIDA

**FILED**  
**Jan 23, 2024**  
**Secretary of State**  
**4127665067CC**

**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           DIRECTOR  
Name           LONG, TRISTON P  
Address       10605 WILDERNESS LN  
City-State-Zip: PENSACOLA FL 32534

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

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

Title           SECRETARY  
Name           FISHER, CHARLES J  
Address       PO BOX 462  
City-State-Zip: CANTONMENT FL 32533

Title           PRESIDENT  
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: CHARLES J. FISHER**

**SECRETARY**

**01/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date