

2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10207

Entity Name: CANTONMENT LODGE NO. 322 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
Apr 10, 2018
Secretary of State
CC3213019637**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 32533-8232Title DIRECTOR
Name WALKER, JAMES A
Address 1114 MUSCOGEE RD
City-State-Zip: CANTONMENT FL 32533Title DIRECTOR
Name WISCOMBE, ROBERT L
Address 731 PINEY LANE
City-State-Zip: CANTONMENT FL 32533Title SECRETARY
Name WISCOMBE, THOMAS L
Address 4751 MOLINO ROAD
City-State-Zip: MOLINO FL 32577Title PRESIDENT
Name MOYERS, DANNIE G SR.
Address 1335 BRICKTON ROAD
City-State-Zip: MOLINO FL 32577

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****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date