

**2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10328

**Entity Name:** MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED  
MASONS OF FLORIDA

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC8242628431**

**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: 59-6201215**

**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           KIRTLEY, CARL G  
Address        9807 LOQUAT DR  
City-State-Zip: PENSACOLA FL 32506-6117

Title           SECRETARY  
Name           SHOREY, MICHAEL A  
Address        33584 FIELDSTONE LN  
City-State-Zip: LILLIAN AL 36549

Title           DIRECTOR  
Name           GUTERMUTH, JOHN S.D.  
Address        551 CORRYDALE DR  
City-State-Zip: PENSACOLA FL 32506

Title           DIRECTOR  
Name           HAGG, ARTHUR A  
Address        2803 HILLCREST AVE  
City-State-Zip: PENSACOLA FL 32506

Title           PRESIDENT  
Name           BRAY, ROBERT S  
Address        304 RENTZ AVE  
City-State-Zip: PENSACOLA FL 32507-3837

*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: MICHAEL A. SHOREY**

**SECRETARY**

**04/11/2018**

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

\_\_\_\_\_  
Date