

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10328

**Entity Name:** MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED  
MASONS OF FLORIDA**FILED**  
**Jan 29, 2020**  
**Secretary of State**  
**9481006521CC****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	DIRECTOR
Name	BUCK, LAWRENCE M
Address	7412 W JACKSON ST
City-State-Zip:	PENSACOLA FL 32506

Title	SECRETARY
Name	SCHOFIELD, DALE K
Address	7667 W FAIRFIELD DR
City-State-Zip:	PENSACOLA FL 32506

Title	VP
Name	GARNER, WILLIAM J
Address	33253 HIGHWAY 98
City-State-Zip:	LILLIAN FL 36549

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

Title	TREASURER
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: DALE K. SCHOFIELD****SECRETARY****01/29/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date