


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90081 023 \*\*\*\*61.25

<b>DOCUMENT # C10207</b> 1. Entity Name <b>CANTONMENT LODGE NO. 322 FREE AND ACCEPTED MASON'S OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>23-7526540</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD WISCOMBE, THOMAS L <input checked="" type="checkbox"/> Delete 4751 MOLINO RD MOLINO, FL 325773022				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALARIK, GREGORY P SW <input checked="" type="checkbox"/> Delete 2301 RIDDLE RD CANTONMENT, FL 325337560				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD TIPTON, DOUGLAS W <input checked="" type="checkbox"/> Delete 2840 REESE LN CANTONMENT, FL 325338976				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete FOLMAR, CHARLES F JR 440 WEEPING WILLOW CT MOLINO, FL 32577				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Delete HALLFORD, GREGORY A 3772 ASHLAND AVE PENSACOLA, FL 325341178				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<del>WORSHIPFUL MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas Leslie Wiscombe 4751 Molino Rd Molino FL 32577-3022					
<del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Lyle Wiscombe 731 Piney Ln Pensacola FL 32533-9668					
<del>SENIOR WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Douglas William Tipton 2840 Reese Ln Cantonment FL 32533-8976					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Calvin Morris Wilson 2469 Chance Rd Molino FL 32577-7088					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>X Charles F. Folmar Jr</u> <u>Charles F. Folmar Jr</u> <u>4-10-07</u> <u>904-354-2339</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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