

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10328** (8)

1. Corporation Name

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



Principal Place of Business	Mailing Address
C/O WILLIAM S WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM S WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>03/02/1995</b>
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21. Principal Place of Business <i>Roy Connor Sheppard</i>	2a. Mailing Address <i>Roy Connor Sheppard</i>
22. Suite/Apt. #, etc.	27. Suite/Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number <b>59-6201215</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>800001773008</b>
83. City	<b>04709736-01011-001</b>
84. City	<b>***1960.00</b>
85. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Roy Connor Sheppard*

DATE: **2/16/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKER, WILLIAM A III</b>	
STREET ADDRESS	<b>P.O. BOX 3205 N/A</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32516-3205</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNCH, WILLARD E JR</b>	
STREET ADDRESS	<b>7101 WYMART RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526-3903</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>SINGLETON, JESSE L</b>	
STREET ADDRESS	<b>6400 MEADOWFIELD CIR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526-4142</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROUCH, PERRY B</b>	
STREET ADDRESS	<b>330 BUNKER HILL DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, ROGER D</b>	
STREET ADDRESS	<b>2875 MONICA LN</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533-7761</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

11. TITLE	<b>WORSHIPFUL MASTER (D)</b>
12. NAME	<b>PERRY BRUCE CROUCH</b>
13. STREET ADDRESS	<b>330 BUNKER HILL DR</b>
14. CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
21. TITLE	<b>SENIOR WARDEN (D)</b>
22. NAME	<b>FRANS OSCAR BROOKS</b>
23. STREET ADDRESS	<b>6493 MYRTLE HILL CIRCLE</b>
24. CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
31. TITLE	<b>JUNIOR WARDEN (D)</b>
32. NAME	<b>HAYWARD EUGENE CLIPPER</b>
33. STREET ADDRESS	<b>54 ADKINSON DR. E</b>
34. CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
41. TITLE	<b>TREASURER (D)</b>
42. NAME	<b>ROGER DALE WHITE</b>
43. STREET ADDRESS	<b>2875 MONICA LN</b>
44. CITY-ST-ZIP	<b>CANTONMENT FL 32533-7761</b>
51. TITLE	<b>SECRETARY (D)</b>
52. NAME	<b>WILLARD EARL LYNCH JR</b>
53. STREET ADDRESS	<b>7101 WYMART RD</b>
54. CITY-ST-ZIP	<b>PENSACOLA FL 32526-3903</b>
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee. I certify that the information indicated on this annual report or supplemental annual report is true and accurate to the best of my knowledge and belief, and that I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Perry B. Crouch*  
**PERRY B. CROUCH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/14/94**  
DATE: **901-453 1032**  
DATE: **4/8/96**

CR2E037 (12/95)