

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10328 (8)**

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



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified <b>06/30/1992</b>	
4. FEI Number <b>59-6201215</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

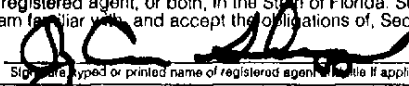
9. Name and Address of Current Registered Agent

**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)	
83	
84 City	85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: **2/13/98**

Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	CLIPPER, HAYWARD E	
STREET ADDRESS	54 ADKINSON DR. E	
CITY-ST-ZIP	PENSACOLA FL 32518-3205	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LYNCH, WILLARD E JR	
STREET ADDRESS	7101 WYMART RD	
CITY-ST-ZIP	PENSACOLA FL 32526-3903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, FRANS O	
STREET ADDRESS	3537 STRATFORD LN	
CITY-ST-ZIP	PACE FL	
TITLE	WMD	<input type="checkbox"/> DELETE
NAME	CROUCH, PERRY B	
STREET ADDRESS	330 BUNKER HILL DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITE, ROGER D	
STREET ADDRESS	2875 MONICA LN	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) X	<input type="checkbox"/> Addition
1.2 NAME	Hayward Eugene Clipper	
1.3 STREET ADDRESS	54 Adkinson Dr	
1.4 CITY-ST-ZIP	Pensacola Fl 32506	
2.1 TITLE	SECRETARY (D) X	<input type="checkbox"/> Addition
2.2 NAME	Willard Earl Lynch Jr	
2.3 STREET ADDRESS	7101 Wymart Rd	
2.4 CITY-ST-ZIP	Pensacola Fl 32526-3903	
3.1 TITLE	SENIOR WARDEN (D) X	<input type="checkbox"/> Addition
3.2 NAME	Lawrence Joseph Krawitz	
3.3 STREET ADDRESS	5036 Chandella Dr	
3.4 CITY-ST-ZIP	Pensacola FL 32507-8109	
4.1 TITLE	JUNIOR WARDEN (D) X	<input type="checkbox"/> Addition
4.2 NAME	James Monroe Ezell	
4.3 STREET ADDRESS	7861 Lenora Ct	
4.4 CITY-ST-ZIP	Pensacola Fl 32526-3511	
5.1 TITLE	TREASURER (D) X	<input type="checkbox"/> Addition
5.2 NAME	Roger Dale White	
5.3 STREET ADDRESS	2875 Monica Ln	
5.4 CITY-ST-ZIP	Cantonment Fl 32533-7761	
6.1 TITLE		<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **2-15-98** 904-354-2339

CP2E037 (10/97)