

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State

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0004285

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10328
 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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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	3. Date Incorporated or Qualified 06/30/1992	4. FEI Number 59-6201215	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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	FL
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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLIPPER, HAYWARD E	
STREET ADDRESS	54 ADKINSON DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LYNCH, WILLARD E JR	
STREET ADDRESS	7101 WYMAR RD	
CITY-ST-ZIP	PENSACOLA FL 32526-3903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAWITZ, LAWRENCE J	
STREET ADDRESS	5036 CHANDELLA DR	
CITY-ST-ZIP	PENSACOLA FL 32507-8109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EZELL, JAMES M	
STREET ADDRESS	7861 LENORA CT	
CITY-ST-ZIP	PENSACOLA FL 32526-3511	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITE, ROGER D	
STREET ADDRESS	2875 MONICA LN	
CITY-ST-ZIP	CANTONMENT FL 32533-7761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JUNIOR WARDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Lyle Mitchell	
1.3 STREET ADDRESS	8405 Alekaí Dr	
1.4 CITY-ST-ZIP	Pensacola FL 32526-2401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <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, with all other like empowered.

SIGNATURE: X [Signature] **SIGNATURE REQUIRED** 3/8/99 850-944-1716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)