

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90138 001 \*8,207.50

**DOCUMENT # C10328**  
 1. Entity Name  
**MYRTLE GROVE LODGE NO. 352 FREE AND ACCEPTED MAS**

Principal Place of Business      Mailing Address  
**C/O ROY CONNOR SHEPPARD**      **C/O ROY CONNOR SHEPPARD**  
**220 OCEAN ST.**      **220 OCEAN ST.**  
**JACKSONVILLE FL 32202**      **JACKSONVILLE FL 32202-3218**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-6201215**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR**  
**220 OCEAN STREET**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. DIRECTORS IN 10		
TITLE	<b>JWD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>JUNIOR WARDEN</b> (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, JOHN L</b>		NAME	<b>Robert Warren McNaiff</b>	
STREET ADDRESS	<b>8405 ALEKAI DR</b>		STREET ADDRESS	<b>424 N 59th Ave</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526-2401</b>		CITY-ST-ZIP	<b>Pensacola FL 32506</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, WILLARD E JR</b>		NAME		
STREET ADDRESS	<b>7101 WYMART RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA FL 32526-3903</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>WORSHIPFUL MASTER</b> (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAWITZ, LAWRENCE J</b>		NAME	<b>James Monroe Ezell</b>	
STREET ADDRESS	<b>5036 CHANDELLA DR</b>		STREET ADDRESS	<b>7861 Lenora Ct</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507-8109</b>		CITY-ST-ZIP	<b>Pensacola FL 32526-3511</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>SENIOR WARDEN</b> (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EZELL, JAMES M</b>		NAME	<b>John Lyle Mitchell</b>	
STREET ADDRESS	<b>7861 LENORA CT</b>		STREET ADDRESS	<b>8405 Alekai Dr</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526-3511</b>		CITY-ST-ZIP	<b>Pensacola FL 32526-2401</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, ROGER D</b>		NAME		
STREET ADDRESS	<b>2875 MONICA LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CANTONMENT FL 32533-7761</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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.

SIGNATURE: Willard E Lynch Jr.      Sec.      Date: 2/29/2000      Daytime Phone #: 850-941-1716

CR2E037 (9/99)