

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90126 037 ****61.25



DOCUMENT # C10328
 1. Entity 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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03232005 Chg-NP CR2E037 (10/03)

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

4. FEI Number
 59-6201215
 Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	HARTLEY, JOHN O'NEAL	
STREET ADDRESS	1101 SUMMER SHADE LANE	
CITY-ST-ZIP	CANTONMENT, FL 325335723	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LYNCH, WILLARD E JR	
STREET ADDRESS	7101 WYMART RD	
CITY-ST-ZIP	PENSACOLA, FL 325263903	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY, JR., JAMES WARNER	
STREET ADDRESS	5244 CHESTNUT AVE.	
CITY-ST-ZIP	PACE, FL 325719007	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM D	
STREET ADDRESS	5886 SHIMMERING PINES STREET	
CITY-ST-ZIP	PACE, FL 325717330	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITE, ROGER D	
STREET ADDRESS	2875 MONICA LN	
CITY-ST-ZIP	CANTONMENT, FL 325337761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Devin Thompson	
STREET ADDRESS	5886 Shimmering Pines St	
CITY-ST-ZIP	Pace FL 32571-7330	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Warner Anthony Jr	
STREET ADDRESS	5244 Chestnut Ave	
CITY-ST-ZIP	Pace FL 32571-9007	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Thomas Wm Saul	
STREET ADDRESS	1251 McKenzie Rd	
CITY-ST-ZIP	Cantonment FL 32533-8020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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. Willard E. Lynch Jr. 4/1/2005 850-944-1716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #