

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90015 043 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-6201215

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WMD** ☒ Delete
NAME **HARTLEY, JOHN O**
STREET ADDRESS **1101 SUMMER SHADE LN**
CITY-ST-ZIP **CANTONMENT, FL 325335723**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **J. Bruce Fortner**
STREET ADDRESS **3524 Gulf Beach Hwy**
CITY-ST-ZIP **Pensacola FL 32507-2641**

TITLE **JWD** ☒ Delete
NAME **DENNARD, ROBERT W**
STREET ADDRESS **527 SEAPINE CIR**
CITY-ST-ZIP **PENSACOLA, FL 325066238**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Robert Winston Dennard**
STREET ADDRESS **527 Seapine Cir**
CITY-ST-ZIP **Pensacola FL 32506-6238**

TITLE **S** ☐ Delete
NAME **LYNCH, WILLARD E JR**
STREET ADDRESS **7101 WYMART RD**
CITY-ST-ZIP **PENSACOLA, FL 325263903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WHITE, ROGER D**
STREET ADDRESS **2875 MONICA LN**
CITY-ST-ZIP **CANTONMENT, FL 325337761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SAUL, CHRISTOPHER T**
STREET ADDRESS **1251 MCKENZIE RD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

3-6-07

Date

904-354-2339

Daytime Phone #