

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10094 (6)**

1. Corporation Name  
**TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS O F FLORIDA**



Principal Place of Business: **C/O WILLIAM G. WOLF, 220 OCEAN ST., JACKSONVILLE FL 32202**  
Mailing Address: **C/O WILLIAM G. WOLF, 220 OCEAN ST., JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified: **06/30/1992**  
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business  
21. **ROY CONNOR SHEPPARD**  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country  
26. **ROY CONNOR SHEPPARD**  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

4. FEI Number: **59-1385498**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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)  
**600001773076**  
83. **04/09/96--01011--001**  
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: *Roy Connor Sheppard* 2/16/96  
Signature, typed printed name of registered agent and date of signature (NOTE: Registered Agent signature required when resident in FL) DATE

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	LEWIS, JOE DAVID	
STREET ADDRESS	1445 VENETIAN CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904-9765	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOODYEAR, JAMES GEORGE	
STREET ADDRESS	1021 LAPALOMA BLVD.	
CITY-ST-ZIP	NORTH FT. MYERS FL 33905	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	WILLIFORD, CHARLIE AUBREY	
STREET ADDRESS	14943 RANDOLPH DR. S.E.	
CITY-ST-ZIP	FT. MYERS FL 33905-4719	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	GORDON, THOMAS PERRY	
STREET ADDRESS	13825 4TH STREET	
CITY-ST-ZIP	FORT MYERS FL 33905-2115	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDREW L. CHANDLER	
STREET ADDRESS	166 FAIRVIEW AVE.	
CITY-ST-ZIP	FORT MYERS FL 33905-2813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	CHARLIE AUBREY WILLIFORD
1.3 STREET ADDRESS	14943 RANDOLPH DR. S.E.
1.4 CITY-ST-ZIP	FT. MYERS FL 33905-4719
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	THOMAS PERRY GORDON
2.3 STREET ADDRESS	13825 4TH ST.
2.4 CITY-ST-ZIP	FT. MYERS FL 33905-2115
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	ALBERT HARTFORD ANDREWS
3.3 STREET ADDRESS	4334 HARBOR LANE
3.4 CITY-ST-ZIP	NORTH FORT MYERS FL 33903
4.1 TITLE	TREASURER (D)
4.2 NAME	ANDREW LINCOLN CHANDLER
4.3 STREET ADDRESS	166 FAIRVIEW AVE
4.4 CITY-ST-ZIP	FORT MYERS FL 33905-2813
5.1 TITLE	SECRETARY (D)
5.2 NAME	JAMES GEORGE GOODYEAR
5.3 STREET ADDRESS	1021 LA PALOMA BLVD
5.4 CITY-ST-ZIP	FORT MYERS FL 33903
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature and name 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: X *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/13/96 Daytime Phone #: 941-354-6074

CR2E037 (12/95)