

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10094** (6)  
1. Corporation Name  
**TROPICAL LODGE NO. 56 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 32202-3218
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/08/1996
21	26	4. FEI Number 59-1385498	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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)
83	84 City
	85 Zip Code FL

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 617.1503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JWD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	ANDREWS, ALBERT H	1.2 NAME	Thomas Perry Gordon
STREET ADDRESS	4334 HARBOR LANE	1.3 STREET ADDRESS	13825 4th St.
CITY-ST-ZIP	NORTH FT MYERS FL 33903	1.4 CITY-ST-ZIP	Ft. Myers FL 33905-2115
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	GOODYEAR, JAMES GEORGE	2.2 NAME	Albert Hartford Andrews
STREET ADDRESS	1021 LAPALOMA BLVD.	2.3 STREET ADDRESS	2194 Havana Ave
CITY-ST-ZIP	NORTH FT. MYERS FL 33905	2.4 CITY-ST-ZIP	Fort Myers FL 33905
TITLE	WMD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	WILLIFORD, CHARLIE AUBREY	3.2 NAME	Bernard Lee Flynn Jr
STREET ADDRESS	14943 RANDOLPH DR. S.E.	3.3 STREET ADDRESS	1423 Covington Cir SW
CITY-ST-ZIP	FT. MYERS FL 33905-4719	3.4 CITY-ST-ZIP	Ft. Myers FL 33919-2001
TITLE	SWD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER D
NAME	GORDON, THOMAS PERRY	4.2 NAME	Andrew Lincoln Chandler
STREET ADDRESS	13825 4TH STREET	4.3 STREET ADDRESS	166 Fairview Ave
CITY-ST-ZIP	FORT MYERS FL 33905-2115	4.4 CITY-ST-ZIP	Fort Myers FL 33905-2813
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY D
NAME	ANDREW L. CHANDLER	5.2 NAME	James George Goodyear
STREET ADDRESS	166 FAIRVIEW AVE.	5.3 STREET ADDRESS	1021 La Paloma Blvd
CITY-ST-ZIP	FORT MYERS FL 33905-2813	5.4 CITY-ST-ZIP	Fort Myers FL 33903
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE: JAMES G GOODYEAR-18-97 DAYTIME PHONE: 941-334-6074

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