

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202
---	---

3. Date Incorporated or Qualified
06/30/1992

4. FEI Number 59-1385498	Applied For Not Applicable
------------------------------------	-------------------------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No


8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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)
83
84 City
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:  DATE: **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	ALBERT HARTFORD ANDREWS	
STREET ADDRESS	2194 HAVANA AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOODYEAR, JAMES GEORGE	
STREET ADDRESS	1021 LAPALOMA BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	WMD	<input type="checkbox"/> DELETE
NAME	WILLIFORD, CHARLIE AUBREY	
STREET ADDRESS	14943 RANDOLPH DR. S.E.	
CITY-ST-ZIP	FT. MYERS FL 33905-4719	
TITLE	SWD	<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 LINCOLN CHANDLER	
STREET ADDRESS	166 FAIRVIEW AVE.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Albert Hartford Andrews	
1.3 STREET ADDRESS	2194 Havana Ave	
1.4 CITY-ST-ZIP	Fort Myers FL 33905	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE	SECRETARY (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	James George Goodyear	
2.3 STREET ADDRESS	13920 Eagle Ridge Lakes	
2.4 CITY-ST-ZIP	Fort Myers FL 33912	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	SENIOR WARDEN (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Bernard Lee Flynn Jr	
3.3 STREET ADDRESS	1423 Covington Cir SW	
3.4 CITY-ST-ZIP	Ft. Myers FL 33919	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	JUNIOR WARDEN (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	James Leroy Record	
4.3 STREET ADDRESS	5428 5th AVENUE	
4.4 CITY-ST-ZIP	Fort Myers FL 33907	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	TREASURER (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Andrew Lincoln Chandler	
5.3 STREET ADDRESS	166 Fairview Ave	
5.4 CITY-ST-ZIP	Fort Myers FL 33905	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: **3/3/98** (941) 332-6801

CR2E037 (10/97)