

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90186 001 *3,491.25

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DOCUMENT # C10094

1. Entity Name

TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS O

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1385498

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD GUTKNECHT, THOMAS J 10401 MORINGSIDE LANE BONITA SPRINGS FL 33923	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODYEAR, JAMES GEORGE 13920 EAGLE RIDGE LAKES FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD ANDREWS, ALBERT H 2194 HAVANA AVE FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD RECORD, JAMES L 1956 GULF VIEW DR #2 FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREW LINCOLN CHANDLER 166 FAIRVIEW AVE. FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernard Lee Flynn Jr 1423 Covington Cir SW Ft. Myers FL 33919-2002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Samuel Summerall 11261 Shirley Lane North Fort Myers FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thayer Harden Bodenhamer 4336 New Street Fort Myers FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.G. Goodyear
 J.G. GOODYEAR, Sr Date
 0-334-6074
 03-20-2001 4-5-27-6353 (911)
 Daytime Phone #

CR2E037 (10/00)