

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

0002645

DOCUMENT # C10094

1. Entity Name

TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS OF FLORIDA

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

Zip

Country

Zip

Country

4. FEI Number

59-1385498

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 Delete
 NAME ✓ **JWD BODENHAMER, THAYER H**
 STREET ADDRESS **4336 NEW STREET**
 CITY-ST-ZIP **FORT MYERS FL 33305**

TITLE Change Addition
 NAME **WORSHIPFUL MASTER (D) Samuel Summerall**
 STREET ADDRESS **11261 Shirley Lane**
 CITY-ST-ZIP **North Fort Myers FL 33917**

TITLE Delete
 NAME ✓ **SD GOODYEAR, JAMES GEORGE**
 STREET ADDRESS **13920 EAGLE RIDGE LAKES**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE Change Addition
 NAME **SENIOR WARDEN (D) Thayer Harden Bodenhamer**
 STREET ADDRESS **6667 WILLOW LAKE CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE Delete
 NAME ✓ **SWD SUMMERALL, SAMUEL**
 STREET ADDRESS **11261 SHIRLEY LANE**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE Change Addition
 NAME **JUNIOR WARDEN (D) Roger Glenn Shields**
 STREET ADDRESS **1825 Covington Circle E**
 CITY-ST-ZIP **Fort Myers FL 33919**

TITLE Delete
 NAME **WMD FLYNN, BERNARD L JR**
 STREET ADDRESS **1423 COVINGTON CIR SW**
 CITY-ST-ZIP **FORT MYERS FL 33919-2002**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ✓ **TD ANDREW LINCOLN CHANDLER**
 STREET ADDRESS **186 FAIRVIEW AVE.**
 CITY-ST-ZIP **FORT MYERS FL 33905**

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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-02 941-334-6074 (Local)
 561-6353 (Home)

CR2E037 (9/01)