


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90257 048 \*\*\*\*61.25

**DOCUMENT # C10094**

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1385498

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
 220 OCEAN STREET  
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODENHAMER, THAYER H 6667 WILLOW LAKE CIRCLE FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, ROGER G 1525 COYINGTON CIRCLE E FORT-MYERS, FL-33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTT, JASON J 12211 S CLEVELAND AVE FORT MYERS, FL 339073746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD SHIELDS, ROGER G 1525 COVINGTON CIRCLE E FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Ercell Wayne Lott 3310 37th Street S.W. Lehigh Acres FL 33971-4328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) James George Goodyear 3001 Evans Ave Fort Myers FL 33901-7437	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) Andrew Lincoln Chandler 166 Fairview Ave Fort Myers FL 33905-2813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: James G. Goodyear JAMES G. GOODYEAR SECRETARY 239-561-6353  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-1-04 Daytime Phone # \_\_\_\_\_