

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 027 ****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.

03122005 Chg-NP CR2E037 (10/03)

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **JWD** Delete
NAME: **LOTT, ERCCELL W**
STREET ADDRESS: **3310 37TH ST SW**
CITY-ST-ZIP: **LEHIGH ACRES, FL 33971**

TITLE: **SENIOR WARDEN** (D) Change Addition
NAME: **Ercell Wayne Lott**
STREET ADDRESS: **3310 37th St SW**
CITY-ST-ZIP: **Lehigh Acres FL 33971-4328**

TITLE: **D** Delete
NAME: **SHIELDS, ROGER G**
STREET ADDRESS: **1525 COYINGTON CIRCLE E**
CITY-ST-ZIP: **FORT MYERS, FL 33919**

TITLE: **JUNIOR WARDEN** (D) Addition
NAME: **Bryant Gideon Parsons**
STREET ADDRESS: **160 Circle Dr**
CITY-ST-ZIP: **Fort Myers FL 33905-2609**

TITLE: **D** Delete
NAME: **OTT, JASON J**
STREET ADDRESS: **12211 S CLEVELAND AVE**
CITY-ST-ZIP: **FORT MYERS, FL 339073746**

TITLE: **TREASURER** (D) Addition
NAME: **Colin Paul King**
STREET ADDRESS: **5709 Foxlake Dr**
CITY-ST-ZIP: **N Fort Myers FL 33917-5685**

TITLE: **SD** Delete
NAME: **GOODYEAR, JAMES G**
STREET ADDRESS: **3001 EVANS AVE**
CITY-ST-ZIP: **FORT MYERS, FL 33901**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: **TD** Delete
NAME: **CHANDLER, ANDREW L**
STREET ADDRESS: **166 FAIRVIEW AVE**
CITY-ST-ZIP: **FORT MYERS, FL 33905**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change 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: J.G. GOODYEAR

SECRETARY

03/30/05

239 561-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #