


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 030 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

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 _____
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, 2006

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	SWD LOTT, ERCCELL W 3310 37TH ST SW LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTT, JASON J 12211 S CLEVELAND AVE FORT MYERS, FL 339073746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODYEAR, JAMES G 3001 EVANS AVE FORT MYERS, FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, COLIN P 5709 FAXIAKE DR NORTH FORT MYERS, FL 339175685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD PARSONS, BRYANT 160 CIRCLE DRIVE FORT MYERS, FL 339052609	<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	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ercell Wayne Lott 3310 37th St SW Lehigh Acres FL 33971-4328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Bryant Gideon Parsons 160 Circle Dr Fort Myers FL 33905-2609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Wolfgang Leonhard Hager 6900-29 Daniels Pkwy Fort Myers FL 33912-1586	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Addition Craig Stojanovic 8973 Somerset Blvd Fort Myers FL 33919-4864	
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 exemptions contained in Chapter 119, 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** **03/13/06** **239-561-6352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #



2012006 Chg-NP CR2E037 (11/05)

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

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