
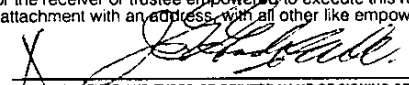


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90015 018 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1385498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM LOTT, ERCELL W 3310 37TH ST SW LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barry Paul Thrasher P O Box 468 N/A Bokelia FL 33922-0468		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD PARSONS, BRYANT G <input checked="" type="checkbox"/> Delete 160 CIRCLE DR FORT MYERS, FL 339052609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bryant Gideon Parsons 160 Circle Dr Fort Myers FL 33905-2609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD HAGER, WOLFGANG L <input checked="" type="checkbox"/> Delete 6900-29 DANIELS PKWY. FORT MYERS, FL 339121586	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Samuel Thomas Bissell P O Box 696 N/A Alva FL 33920-0696		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOJANOVIC, CRAIG <input checked="" type="checkbox"/> Delete 8973 SOMERST BLVD. FORT MYERS, FL 339194864	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James George Goodyear 13920 Eagle Ridge Lk Dr Fort Myers FL 33912-1720		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD PARSONS, BRYANT <input checked="" type="checkbox"/> Delete 160 CIRCLE DRIVE FORT MYERS, FL 339052609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gerald Edward Connally 1920 Virginia Ave #901 Fort Myers FL 33901-2317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		James Goodyear Secretary		03-06-07 239-561-6353	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	