

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10094

FILED
Feb 12, 2012
Secretary of State

Entity Name: TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1020
220 OCEAN ST.
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-1385498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LYNN, RICHARD E
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SWD
Name: CAVADA, JOHN
Address: 2226 N/W WND STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: WM
Name: MCCULLERS, EDWARD M
Address: 20580 TANGLEWOOD LANE
City-St-Zip: ESTERO, FL 33928

Title: TD
Name: MACHELL, CHARLES W
Address: 9530 WINDSOR CLUB CIRCLE
City-St-Zip: FORT MYERS, FL 33905

Title: SD
Name: CONNALLY, GERALD E
Address: 10768 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33966

Title: JWD
Name: SMITH, MARK A
Address: P. O. BOX 152093
City-St-Zip: CAPE CORAL, FL 33915

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD E. LYNN

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02/12/2012

Electronic Signature of Signing Officer or Director

Date