

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90322 001 \*1,531.25

**DOCUMENT # C10094**



1. Entity Name  
**TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS O  
F FLORIDA**

Principal Place of Business Mailing Address  
**C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD  
220 OCEAN ST. 220 OCEAN ST.  
JACKSONVILLE FL 32202 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

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

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



CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD BODENHAMER, THAYER H 4336 NEW STREET FORT MYERS FL 33305</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOODYEAR, JAMES GEORGE 13920 EAGLE RIDGE LAKES FT. MYERS FL 33912</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD SUMMERALL, SAMUEL 11261 SHIRLEY LANE NORTH FORT MYERS FL 33917</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ANDREW LINCOLN CHANDLER 166 FAIRVIEW AVE. FORT MYERS FL 33905</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD SHIELDS, ROGER G 1525 COVINGTON CIRCLE E FORT MYERS FL 33919</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) Thayer Harden Bodenhamer 6667 WILLOW LAKE CIRCLE FORT MYERS-FL-33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) Roger Glenn Shields 1525 Covington Circle E Fort Myers FL 33919</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D) Jason John Ott 12211 S. Cleveland Ave FORT MYERS FL 33907-3746</b>	<input type="checkbox"/> Change <input 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)(l), 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 titles empowered.

SIGNATURE: **SIGNATURE REQUIRED** *James G. Goodyear* Secretary **03/06/03** 739-561-6353

CR2E037 (10/02)