FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10016 (9)

1. Corporation Name

CLERMONT LODGE NO. 226 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ~~WILLIAM G WOLF~~ 220 OCEAN ST. JACKSONVILLE FL 32202	C/O ~~WILLIAM G WOLF~~ 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 07/01/1992

3a. Date of Last Report: 03/22/1995

2. Principal Place of Business — 21: ROY CONNOR SHEPPARD; 22: Suite, Apt. #, etc.; 23: City & State; 24: Zip; 25: Country

2a. Mailing Address — 26: ROY CONNOR SHEPPARD; 27: Suite, Apt. #, etc.; 28: City & State; 29: Zip; 30: Country

4. FEI Number: 59-6133560 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] 2/16/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	11 TITLE: WORSHIPFUL MASTER (D)
NAME	EYERLY, ROBERT D		12 NAME: DENNIS CARLTON CROFT
STREET ADDRESS	8009 GROVEMONT ESTATES		13 STREET ADDRESS: 11815 OSWALT RD.
CITY-ST-ZIP	GROVELAND FL 34736-9605		14 CITY-ST-ZIP: CLERMONT FL 34711-9372
TITLE	SWD	☐ DELETE	21 TITLE: SENIOR WARDEN (D)
NAME	CROFT, DENNIS C JR		22 NAME: ROBERT HAYES POWELL JR
STREET ADDRESS	11815 OSWALT RD.		23 STREET ADDRESS: 1564 DEAD RIVER RD
CITY-ST-ZIP	CLERMONT FL 34711-9372		24 CITY-ST-ZIP: TAVARES FL 32778
TITLE	JWD	☐ DELETE	31 TITLE: JUNIOR WARDEN (D)
NAME	MCCLURE, LAWRENCE B		32 NAME: DAVID JOSEPH KENNIE
STREET ADDRESS	11455 AUDUBOND LANE		33 STREET ADDRESS: P O BOX 521 N/A
CITY-ST-ZIP	CLERMONT FL 34711-9317		34 CITY-ST-ZIP: MINNEOLA FL 34755-0521
TITLE	TD	☐ DELETE	41 TITLE: TREASURER (D)
NAME	EYERLY, WILLIAM C		42 NAME: SIONEY EUGENE CROYLE
STREET ADDRESS	215 W. SUNSET STREET		43 STREET ADDRESS: 34112 PARK LANE
CITY-ST-ZIP	GROVELAND FL 34736		44 CITY-ST-ZIP: LEESBURG FL 34788-3544
TITLE	SD	☐ DELETE	51 TITLE: SECRETARY (D)
NAME	CARROLL, JAMES P		52 NAME: JAMES PAUL CARROLL
STREET ADDRESS	1740 ROSEWOOD DR		53 STREET ADDRESS: 1740 ROSEWOOD DR
CITY-ST-ZIP	CLERMONT FL		54 CITY-ST-ZIP: CLERMONT FL 34711-2944
TITLE		☐ DELETE	61 TITLE:
NAME			62 NAME:
STREET ADDRESS			63 STREET ADDRESS:
CITY-ST-ZIP			64 CITY-ST-ZIP:

CR2E031 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify [illegible] as specified in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Dennis C. Croft 3/5/96 (904) 394-5588

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

Dennis C. Croft