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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US3. Date Incorporated or Qualified
07/01/19923a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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4. FEI Number
59-6133560Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

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]*
Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD ☐ DELETE
NAME EYERLY, ROBERT D
STREET ADDRESS 8009 GROVEMONT ESTATES
CITY-ST-ZIP GROVELAND FL 34736-9805TITLE SWD ☐ DELETE
NAME CROFT, DENNIS C JR
STREET ADDRESS 11815 OSWALT RD.
CITY-ST-ZIP CLERMONT FL 34711-9372TITLE JWD ☐ DELETE
NAME MCCLURE, LAWRENCE B
STREET ADDRESS 11455 AUDUBOND LANE
CITY-ST-ZIP CLERMONT FL 34711-9317TITLE TD ☐ DELETE
NAME EYERLY, WILLIAM C
STREET ADDRESS 215 W. SUNSET STREET
CITY-ST-ZIP GROVELAND FL 34738TITLE SD ☐ DELETE
NAME CARROLL, JAMES P
STREET ADDRESS 1740 ROSEWOOD DR
CITY-ST-ZIP CLERMONT FLTITLE SD ☐ DELETE
NAME CARROLL, JAMES PAUL
STREET ADDRESS 1740 ROSEWOOD DRIVE
CITY-ST-ZIP CLERMONT FL1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Robert Hayes Powell Jr
1.3 STREET ADDRESS 1564 Dead River Rd
1.4 CITY-ST-ZIP Tavares FL 32778
2.1 TITLE SENIOR WARDEN D
2.2 NAME David Joseph Kennie
2.3 STREET ADDRESS P O Box 521 N/A
2.4 CITY-ST-ZIP Minneola FL 34755-0521
3.1 TITLE JUNIOR WARDEN D
3.2 NAME Alan Brent Faulkner
3.3 STREET ADDRESS 960 Brogden Dr
3.4 CITY-ST-ZIP Clermont FL 34711
4.1 TITLE TREASURER D
4.2 NAME Sidney Eugene Croyle
4.3 STREET ADDRESS 34112 Park Lane
4.4 CITY-ST-ZIP Leesburg FL 34788-3544
5.1 TITLE SECRETARY D
5.2 NAME George Elmer Becker
5.3 STREET ADDRESS 290 Carroll St.
5.4 CITY-ST-ZIP Clermont FL 34711-2310
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated 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: GEORGE ELMER BECKER *[Signature]* 2/10/97 (352) 394-4726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 800-41-1000

C10016 (9/96)