

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10016  
1. Corporation Name

CLERMONT LODGE NO. 226 FREE AND ACCEPTED  
MASONS OF FLORIDA

Principal Place of Business Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

3. Date Incorporated or Qualified  
06/30/1992

4. FEI Number 59-6133560	Applied For Not Applicable
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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	Zip
24	29
Country	Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY CONNOR SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE FL 32202

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DAVID JOSEPH KENNIE
STREET ADDRESS		1.3 STREET ADDRESS	P. O. BOX 521 N/A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MINNEOLA FL 34755-0521
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ALAN BRENT FAULKNER
STREET ADDRESS		2.3 STREET ADDRESS	960 BROGDEN DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	CRAIG FORREST LAKE
STREET ADDRESS		3.3 STREET ADDRESS	11503 NELLIE OAKS BEND
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	SIDNEY EUGENE CROYLE
STREET ADDRESS		4.3 STREET ADDRESS	34112 PARK LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LEESBURG, FL 34788-3544
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	GEORGE ELMER BECKER
STREET ADDRESS		5.3 STREET ADDRESS	290 CARROLL STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLERMONT, FL 34711-2310
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002544417
STREET ADDRESS		6.3 STREET ADDRESS	-06/02/98--01031--044
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***306.25

14. I 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 E. Becker* GEORGE E. BECKER 4/22/98 (352) 394-4724

CR2E037 (10/97)