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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10016

1. Corporation Name

**CLERMONT LODGE NO. 226 FREE AND ACCEPTED MASONS
OF FLORIDA**

Principal Place of Business

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/01/1992

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

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

N/A

12. OFFICERS AND DIRECTORS

TITLE JWD
NAME FORREST LAKE, CRAIG
STREET ADDRESS 11503 NELLIE OAKS BEND
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

TITLE WMD
NAME KENNIE, DAVID JOSEPH
STREET ADDRESS PO BOX 521 N/A
CITY-ST-ZIP MINNEOLA FL 34755-0521 ☒ DELETE

TITLE SWD
NAME FAULKNER, ALAN BRENT
STREET ADDRESS 960 BROGDEN DR.
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

TITLE TD
NAME CROYLE, SIDNEY EUGENE
STREET ADDRESS 34112 PARK LANE
CITY-ST-ZIP LEESBURG FL 34788-3544 ☐ DELETE

TITLE SD
NAME BECKER, GEORGE ELMER
STREET ADDRESS 290 CARROLL ST.
CITY-ST-ZIP CLERMONT FL 34711-2310 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
1.2 NAME Alan Brent Faulkner
1.3 STREET ADDRESS 960 Brogden Dr
1.4 CITY-ST-ZIP Clermont FL 34711

2.1 TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition
2.2 NAME Craig Forrest Lake
2.3 STREET ADDRESS 11503 Nellie Oaks Bend
2.4 CITY-ST-ZIP Clermont FL 34711

3.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition
3.2 NAME Bryon Ray Bodiford
3.3 STREET ADDRESS P O Box 86 N/A
3.4 CITY-ST-ZIP Oakland FL 34760

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Elmer Becker Secretary

2/29/99 (352) 394-4721

Date

Daytime Phone #

CR2E037 (11/98)