

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90220 016 \*\*\*\*61.25

**DOCUMENT # C10016**

1. Entity 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

14007825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-6133560

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE JWD ☒ Delete  
NAME ANDREW SIMMONS, DONALD  
STREET ADDRESS 8621 LAWS RD.  
CITY-ST-ZIP CLERMONT, FL 347119801

TITLE D ☐ Delete  
NAME FARRER, WILLIAM J  
STREET ADDRESS 3713 KINGSWOOD CT  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☒ Delete  
NAME LOVETTE, CHARLES  
STREET ADDRESS 10306 LAKE LOUISA RD  
CITY-ST-ZIP CLERMONT, FL 347118936

TITLE S ☐ Delete  
NAME CARROLL, JAMES PAUL  
STREET ADDRESS 1740 ROSEWOOD DR.  
CITY-ST-ZIP CLERMONT, FL 347112944

TITLE TD ☐ Delete  
NAME LAKE, CRAIG F  
STREET ADDRESS 11503 NELLIE OAKS BEND  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SENIOR WARDEN (D) ☐ Change ☒ Addition  
NAME Dale Irvin Goehrig  
STREET ADDRESS 10515 Jardim De Lango St  
CITY-ST-ZIP Clermont FL 34711-6332

TITLE JUNIOR WARDEN (D) ☒ Addition  
NAME William Grant Siegenthaler  
STREET ADDRESS 1640 East Ave  
CITY-ST-ZIP Clermont FL 34711-3318

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James P. Carroll

04/19/05

352-394-2432