
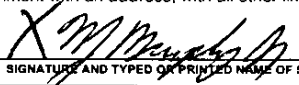


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 012 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6133560	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	JWD	<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIEGENTHALER, WILLIAM GRANT		Lawrence Bruce McClure		
STREET ADDRESS	1640 EAST AVE.		11455 Audubond Ln		
CITY-ST-ZIP	CLERMONT, FL 34711		Clermont FL 34711-9317		
TITLE	D	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARRER, WILLIAM J		William Grant Siegenthaler		
STREET ADDRESS	3713 KINGSWOOD CT		1105 Cedar Street		
CITY-ST-ZIP	CLERMONT, FL 34711		Leesburg FL 34748		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOEHRIG, DALE IRVIN		Terry Dennis Kieft		
STREET ADDRESS	10515 JARDIN DE LARGO STREET		4087 Capland Ave		
CITY-ST-ZIP	CLERMONT, FL 34711		Clermont FL 34711-5762		
TITLE	S	<input checked="" type="checkbox"/> Delete	Secretary (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARROLL, JAMES PAUL		William J. Murphy, Jr		
STREET ADDRESS	1740 ROSEWOOD DR.		202 East Osceola St.		
CITY-ST-ZIP	CLERMONT, FL 347112944		Minneola, FL 34715		
TITLE	TD	<input type="checkbox"/> Delete	STREET ADDRESS		
NAME	LAKE, CRAIG F		CITY-ST-ZIP		
STREET ADDRESS	11503 NELLIE OAKS BEND		TITLE		
CITY-ST-ZIP	CLERMONT, FL 34711		NAME		
TITLE		<input type="checkbox"/> Delete	STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
CITY-ST-ZIP			NAME		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			WILLIAM J. MURPHY JR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-07-06 Daytime Phone # 352-242-3994		