



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 022 ****61.25

DOCUMENT # C10016 1. Entity Name CLERMONT LODGE NO. 226 FREE AND ACCEPTED MASON'S 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6133560	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD MCCLURE, LAWRENCE B 11455 AUDUBOND LN CLERMONT, FL 347119317	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM SIEGENTHALER, WILLIAM G 1105 CEDAR ST LEESBURG, FL 34748	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KIEFT, TERRY D 4087 COPLAND AVE CLERMONT, FL 347115762	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, WILLIAM J JR 202 E OSCEOLA ST MINNEOLA, FL 34715	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAKE, CRAIG F 11503 NELLIE OAKS BEND CLERMONT, FL 34711	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-20-07 352-242-3994 <small>Date Daytime Phone #</small>	

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