FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10045 (8)

1. Corporation Name

FROSTPROOF LODGE NO. 229 FREE AND ACCEPTED MASON
S OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1801087 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WILLIAM G. 220 OCEAN STRET JACKSONVILLE FL 32202	81 N. 82 SHEPPARD, ROY CONNOR 83 220 OCEAN STREET JACKSONVILLE FL 32202 84 700001419907 -03/02/95--01109--001

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/6/95
Signature of 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	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	FRAZIER, CLAUDE J	1.2 NAME	CLAUDIE JUNIOR FRAZIER
STREET ADDRESS	510 WEST H ST	1.3 STREET ADDRESS	510 WEST H ST
CITY-ST-ZIP	FROSTPROOF FL	1.4 CITY-ST-ZIP	FROSTPROOF FL 33843-3516
TITLE	S	2.1 TITLE	SENIOR WARDEN/D
NAME	DICKINSON, JAMES H JR	2.2 NAME	JAMES ELIJAH MCCLELLAND
STREET ADDRESS	PO BOX 425 N/A	2.3 STREET ADDRESS	PO BOX 835 N/A
CITY-ST-ZIP	FROSTPROOF FL	2.4 CITY-ST-ZIP	FROSTPROOF FL 33843-0935
TITLE	SW	3.1 TITLE	JUNIOR WARDEN/D
NAME	GODWIN, ROYCE K	3.2 NAME	EDWARD HUNTER DICE
STREET ADDRESS	220 HILLSIDE DR	3.3 STREET ADDRESS	200 DICE RD
CITY-ST-ZIP	BABSON PARK FL	3.4 CITY-ST-ZIP	FROSTPROOF FL 33843-9725
TITLE	JW	4.1 TITLE	TREASURER/D
NAME	DICE, EDWARD H	4.2 NAME	LEONARD DAVID GREENWOOD
STREET ADDRESS	200 DICE RD	4.3 STREET ADDRESS	317 N PALM AVE
CITY-ST-ZIP	FROSTPROOF FL	4.4 CITY-ST-ZIP	FROSTPROOF FL 33843-1819
TITLE	T	5.1 TITLE	SECRETARY/D
NAME	GREENWOOD, LEONARD D	5.2 NAME	JAMES HENRY DICKINSON JR
STREET ADDRESS	317 N PALM AVE	5.3 STREET ADDRESS	P.O. BOX 425 N/A
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP	FROSTPROOF FL 33843-0425
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/1/95 MSF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Claudie J. Frazier -CLAUDIE J. FRAZIER 2/8/95 813-635-3216
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001000