FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # C10045 (8)

1. Corporation Name

FROSTPROOF LODGE NO. 229 FREE AND ACCEPTED MASONS 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

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/01/1995

2. Principal Place of Business
21 ROY CONNOR SHEPPARD
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 ROY CONNOR SHEPPARD
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-1801087 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STRET
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

700001766347
-047027%-01081--001
***5083.75

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: R Connor Sheppard 2/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	1.1 TITLE: WORSHIPFUL MASTER (D)
NAME	FRAZIER, CLAUDE J		1.2 NAME: JAMES ELIJAH MCCLELLAND
STREET ADDRESS	510 WEST H ST		1.3 STREET ADDRESS: PO BOX 835 N/A
CITY-ST-ZIP	FROSTPROOF FL 33843-3516		1.4 CITY-ST-ZIP: FROSTPROOF FL 33843-0835
TITLE	SWD	☐ DELETE	2.1 TITLE: SENIOR WARDEN (D)
NAME	MCCLELLAND, JAMES E		2.2 NAME: EDWARD HUNTER DICE
STREET ADDRESS	P.O. BOX 835 N/A		2.3 STREET ADDRESS: 200 DICE RD
CITY-ST-ZIP	FROSTPROOF FL 33843-0835		2.4 CITY-ST-ZIP: FROSTPROOF FL 33843-9725
TITLE	JWD	☐ DELETE	3.1 TITLE: JUNIOR WARDEN (D)
NAME	DICE, EDWARD H		3.2 NAME: CHARLES WAYNE NESMITH
STREET ADDRESS	200 DICE RD		3.3 STREET ADDRESS: 8 LIPPETT AVE.
CITY-ST-ZIP	FROSTPROOF FL 33843-9725		3.4 CITY-ST-ZIP: FROSTPROOF FL 33843-1929
TITLE	TD	☐ DELETE	4.1 TITLE: TREASURER (D)
NAME	GREENWOOD, LEONARD H		4.2 NAME: LEONARD DAVID GREENWOOD
STREET ADDRESS	317 N PALM AVE.		4.3 STREET ADDRESS: 317 N PALM AVE
CITY-ST-ZIP	FROSTPROOF FL 33843-1819		4.4 CITY-ST-ZIP: FROSTPROOF FL 33843-1819
TITLE	SD	☐ DELETE	5.1 TITLE: SECRETARY (D)
NAME	DICKINSON, JAMES H		5.2 NAME: CARL WAYNE MCLENNAN
STREET ADDRESS	P.O. BOX 425 N/A		5.3 STREET ADDRESS: 98 YALE AVE
CITY-ST-ZIP	FROSTPROOF FL 33843-0425		5.4 CITY-ST-ZIP: FROSTPROOF FL 33843-9767
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify. 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: X James E McClelland 3/5/96 (941) 635-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-96