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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 MASON S OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

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 _____ 2-3-97
Signature, typed 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	WMD	☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	MCCLELLAND, JAMES E		1.2 NAME	James Elijah McClelland
STREET ADDRESS	P.O. BOX 835 N/A		1.3 STREET ADDRESS	Po Box 835 N/A
CITY-ST-ZIP	FROSTPROOF FL 33843-0835		1.4 CITY-ST-ZIP	Frostproof Fl 33843-0835
TITLE	SWD	☐ DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	DICE, EDWARD H		2.2 NAME	Charles Wayne Nesmith
STREET ADDRESS	200 DICE RD		2.3 STREET ADDRESS	8 Lippett Ave.
CITY-ST-ZIP	FROSTPROOF FL 33843-9725		2.4 CITY-ST-ZIP	Frostproof Fl 33843-1929
TITLE	JWD	☐ DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	NESMITH, CHARLES W		3.2 NAME	Royce Kenneth Godwin Jr
STREET ADDRESS	8 LIPPETT AVE.		3.3 STREET ADDRESS	361 N Lake Reedy Blvd.
CITY-ST-ZIP	FROSTPROOF FL 33843-1929		3.4 CITY-ST-ZIP	Frostproof FL 33843-1737
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	MCCLENNAN, CARL W		5.2 NAME	Jason Douglas Shepard 5/20/97
STREET ADDRESS	98 YALE AVE.		5.3 STREET ADDRESS	90 Monk Rd
CITY-ST-ZIP	FROSTPROOF FL 33843-9767		5.4 CITY-ST-ZIP	Frostproof FL 33843
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do 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 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.

Jason D. Shepard 904-