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Apr 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1801087

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 220 Ocean Street
JACKSONVILLE FL 32202

84 City

***5083.75

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 617.0103, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
MCCLELLAND, JAMES E
P.O. BOX 835 N/A
FROSTPROOF FL 33843-0835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
GODWIN, ROYCE K
361 N LAKE REEDY BLVD.
FROSTPROOF FL 33843-1737

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
NESMITH, CHARLES W
8 LIPPETT AVE.
FROSTPROOF FL 33843-1929

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GREENWOOD, LEONARD H
317 N PALM AVE.
FROSTPROOF FL 33843-1819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHEPARD, JASON D
90 MONK RD
FROSTPROOF FL 33843

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDR
1.4 CITY-ST-ZIP
WORSHIPFUL MASTER (D)
Charles Wayne Nesmith
8 Lippett Ave.
Frostproof FL 33843-1929

2.1 TITLE
2.2 NAME
2.3 STREET ADDR
2.4 CITY-ST-ZIP
SECRETARY (D)
James Elijah McClelland
Po Box 835 N/A
Frostproof FL 33843-0835

3.1 TITLE
3.2 NAME
3.3 STREET ADDR
3.4 CITY-ST-ZIP
SENIOR WARDEN (D)
Edward Thomas Lambert
17 College Dr
Babion Park FL 33827

4.1 TITLE
4.2 NAME
4.3 STREET ADDR
4.4 CITY-ST-ZIP
JUNIOR WARDEN (D)
Willard Joseph Neff
407 West 8th St
Frostproof FL 33843

5.1 TITLE
5.2 NAME
5.3 STREET ADDR
5.4 CITY-ST-ZIP
TREASURER (D)
Leonard David Greenwood
317 N Palm Ave
Frostproof FL 33843-1819

6.1 TITLE
6.2 NAME
6.3 STREET ADDR
6.4 CITY-ST-ZIP

RECTORS IN 12

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I 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.

SIGNATURE

James E. McClelland
17 March 1998
904-254-2329

CR2E037 (10/97)