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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10045

1. Corporation Name

FROSTPROOF LODGE NO. 229 FREE AND ACCEPTED MASONS 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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1801087 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
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 N/A (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	☒ DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME	NESMITH, CHARLES W		1.2 NAME	Edward Thomas Lambert
STREET ADDRESS	8 LIPPETT AVENUE		1.3 STREET ADDRESS	17 College Dr
CITY-ST-ZIP	FROSTPROOF FL 33843-1929		1.4 CITY-ST-ZIP	Babson Park FL 33827
TITLE	SD	☐ DELETE	2.1 TITLE	SENIOR WARDEN (D) ☒ Change ☐ Addition
NAME	MCCLELLAND, JAMES E		2.2 NAME	Willard Joseph Neff
STREET ADDRESS	P.O. BOX 835 N/A		2.3 STREET ADDRESS	407 West H St
CITY-ST-ZIP	FROSTPROOF FL 33843-0835		2.4 CITY-ST-ZIP	Frostproof FL 33843
TITLE	SWD	☒ DELETE	3.1 TITLE	JUNIOR WARDEN (D) ☒ Change ☐ Addition
NAME	LAMBERT, EDWARD T		3.2 NAME	Darrel Zane Carter Sr
STREET ADDRESS	17 COLLEGE DRIVE		3.3 STREET ADDRESS	50 W FROSTPROOF BAPTIST
CITY-ST-ZIP	BABSON PARK FL 33827		3.4 CITY-ST-ZIP	FROSTPROOF FL 33843
TITLE	JWD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NEFF, WILLARD J		4.2 NAME	
STREET ADDRESS	407 WEST 8TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843		4.4 CITY-ST-ZIP	
TITLE ✓	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREENWOOD, LEONARD D		5.2 NAME	
STREET ADDRESS	317 N. PALM AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843-1819		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/1/99 (941) 635-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary