

# 2001 UNIFORM BUSINESS REPORT (UBR)

**PENDING**  
05-05-2001 90298 001 \*1,592.50  
C10045

FILED

01 MAY -9 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # C10045**  
1. Entity Name  
**FROSTPROOF LODGE NO. 229 FREE AND ACCEPTED MASON OF FL**

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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1801087**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR**  
**220 OCEAN STREET**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD</b> <b>MCNABB, THOMAS L</b> <b>318 OLEANDER DR</b> <b>LAKE WALES FL 33853</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MCCLELLAND, JAMES E</b> <b>P.O. BOX 835 N/A</b> <b>FROSTPROOF FL 33843-0835</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD</b> <b>NEFF, WILLARD J</b> <b>407 WEST H ST</b> <b>FROSTPROOF FL 33843</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD</b> <b>CARTER SR, DARREL Z</b> <b>50 W FROSTPROOF BAPTIST</b> <b>FROSTPROOF FL 33843</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GREENWOOD, LEONARD D</b> <b>317 N. PALM AVENUE</b> <b>FROSTPROOF FL 33843-1819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Darrel Zane Carter Sr</b> <b>50 W FROSTPROOF BAPTIST</b> <b>FROSTPROOF FL 33843</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Edward Thomas Lambert</b> <b>17 College Dr</b> <b>Babson Park FL 33827</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carl Henry Fleming</b> <b>915 Flemming Rd</b> <b>Frostproof Fl 33843-9679</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
**SIGNATURE:** *James E. McClelland*      **James E. McClelland, Sec.**      Date: **4/3/01**      Daytime Phone: **(863) 635-4183**

CR2E037 (10/00)