

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90063 018 ****61.25

DOCUMENT # C10045

1. Entity Name
**FROSTPROOF LODGE NO. 229 FREE AND ACCEPTED
MASONS OF FLORIDA**



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

Mailing Address
**ROY CONNOR SHEPPARD
220 OCEAN ST.
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

03202004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1801087

Applied For

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
SHEPARD, JASON D
812 W. LAKE WALES RD. N.
LAKE WALES, FL 33859** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCCLELLAND, JAMES E
P.O. BOX 835 N/A
FROSTPROOF, FL 338430835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
LUIZ, ROBERT ALBERT
226 WEST WALL ST.
FROSTPROOF, FL 33843** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
EUEVERARD, CARY LYLE
401 DOMARIS AVE., APT. 17
LAKE WALES, FL 33843** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GREENWOOD, LEONARD D
317 N. PALM AVENUE
FROSTPROOF, FL 338431819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Robert Albert Luiz
226 WEST WALL ST
FROSTPROOF FL 33843-2045**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Cary Lyle Eueverard
401 Domaris Ave Apt 17
LAKE WALES FL 33853-4721**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Change ☐ Addition
Hugh Morrison McAuley II
2501 MCCLELLAND RD
FROSTPROOF FL 33843**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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**

4/6/04

863-635-4183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #