2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90142 034 ****61.25

DOCUMENT # C10045

1. Entity 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

03182005 Chg-NP CR2E037 (10/03)

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 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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD LUIZ, ROBERT ALBERT 226 WEST WALL ST. FROSTPROOF, FL 338432045	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition Cary Lyle Euverard 4350 Mahogany Run #L Winter Haven FL 33884-2926
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	SENIOR WARDEN (D) ☒ ge ☐ Addition Hugh Morrison McAuley II 2501 McClellan Rd Frostproof FL 33843-9273
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD EUVERARD, CARY LYLE 401 DOMARIS AVE., APT. 17 LAKE WALES, FL 338534721	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN (D) ange ☒ Addition Edward Thomas Lambert 59 W Frostproof Baptist Frostproof FL 33843-9729
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD MCAULEY, HUGH MORRISON II 2501 MCCLELLAND RD. LAKE WALES, FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	nge ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 SECRETARY 4/5/05 (863)635-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #