


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90253 049 \*\*\*\*61.25

|  |         |   |  |  |  |
|--|---------|---|--|--|--|
| <b>DOCUMENT # C10045</b><br>1. Entity Name<br><b>FROSTPROOF LODGE NO. 229 FREE AND ACCEPTED<br/>MASONS OF FLORIDA</b>  |         |   |  |   |  |
| Principal Place of Business<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202</b>   |         |   | Mailing Address<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202</b> |  |  |
| 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<br><b>59-1801087</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |         |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |         |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>SHEPPARD, ROY CONNOR<br/>220 OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>  |         |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |         |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |         |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |         |   |  |  |  |
| TITLE  | NAME    | STREET ADDRESS  | CITY-ST-ZIP  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
|  | WMD     | EUVERARD, CARY LYLE   | 4350 MAHOGANY RUN<br>WINTER HAVEN, FL 33884  | <input checked="" type="checkbox"/> Delete   |  |
|  | SD      | MCCLELLAND, JAMES E   | P.O. BOX 835 N/A<br>FROSTPROOF, FL 338430835   | <input type="checkbox"/> Delete  |  |
|  | SWD     | MCAULEY, II, HUGH MORRISON  | 2501 MCCLELLAN ROAD<br>FROSTPROOF, FL 33843  | <input checked="" type="checkbox"/> Delete   |  |
|  | JWD     | LAMBERT, EDWARD THOMAS  | 59 W. FROSTPROOF BAPTIST<br>FROSTPROOF, FL 33843   | <input checked="" type="checkbox"/> Delete   |  |
|  | TD      | GREENWOOD, LEONARD D  | 317 N. PALM AVENUE<br>FROSTPROOF, FL 338431819   | <input type="checkbox"/> Delete  |  |
|  |         |   |  | <input type="checkbox"/> Delete  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |         |   |  | <b>JAMES E. MCCLELLAND</b><br><b>SECRETARY</b>   |  |
| <b>SIGNATURE: <i>James E. McClelland</i></b>   |         |   |  | <b>3-7-06 (863) 635-4183</b>   |  |