2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91004 001 *1,715.00

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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	SWD SHEPARD, JASON D 812 W. LAKE WALES RD. N. LAKE WALES FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) Jason Douglas Shepard 812 W LAKE WALES RD N LAKE WALES FL 33859	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLELLAND, JAMES E P.O. BOX 835 N/A FROSTPROOF FL 33843-0835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR WARDEN (D) Robert Albert Luiz 226 WEST WALL ST FROSTPROOF FL 33843	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD LUIZ, ROBERT A 226 WEST WALL ST. FROSTPROOF FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN (D) Cary Lyle Euverard 401 Domaris Ave Apt 17 LAKE WALES FL 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD LAMBERT, EDWARD T 17 COLLEGE DR BABSON PARK FL 33827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREENWOOD, LEONARD D 317 N. PALM AVENUE FROSTPROOF FL 33843-1819	☐ 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

CR2E037 (10/02)

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 3/8/03 JAMES E. McCLELLAND (863) 635-4183