
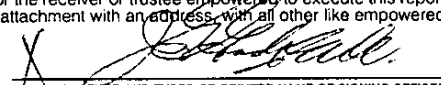


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90015 018 ****61.25

DOCUMENT # C10094 1. Entity Name TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WM LOTT, ERCELL W 3310 37TH ST SW LEHIGH ACRES, FL 33971	<div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD PARSONS, BRYANT G 160 CIRCLE DR FORT MYERS, FL 339052609	<div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD HAGER, WOLFGANG L 6900-29 DANIELS PKWY. FORT MYERS, FL 339121586	<div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOJANOVIC, CRAIG 8973 SOMERST BLVD. FORT MYERS, FL 339194864	<div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD PARSONS, BRYANT 160 CIRCLE DRIVE FORT MYERS, FL 339052609	<div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN Barry Paul Thrasher P O Box 468 N/A Bokelia FL 33922-0468	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Bryant Gideon Parsons 160 Circle Dr Fort Myers FL 33905-2609	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Samuel Thomas Bissell P O Box 696 N/A Alva FL 33920-0696	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) James George Goodyear 13920 Eagle Ridge Lk Dr Fort Myers FL 33912-1780	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) Gerald Edward Connally 1920 Virginia Ave #901 Fort Myers FL 33901-2317	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>			
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.					
SIGNATURE:  James Goodyear <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 03-06-07 Daytime Phone # 239-561-6353					