

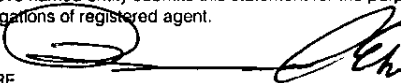
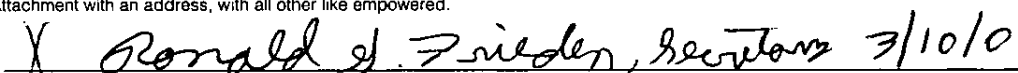


03-21-2008 90017 004 ****61.25

DOCUMENT # C10094						03-21-2008 90017 004 ****61.25	
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		Zip					
Country		Country		01212008 Chg-NP CR2E037 (12/06)			
4. FEI Number 59-1385498				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
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				Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202			
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.				3/13/08			
SIGNATURE 				DATE			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE <input checked="" type="checkbox"/> D NAME THRASHER, BARRY PAUL STREET ADDRESS P.O. BOX 468 CITY-ST-ZIP BOKEELIA, FL 339220468 <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> D NAME PARSONS, BRYANT GIDEON STREET ADDRESS 160 CIRCLE DR CITY-ST-ZIP FORT MYERS, FL 339052609 <input checked="" type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> D NAME BISSELL, SAMUEL THOMAS STREET ADDRESS P.O. BOX 696 CITY-ST-ZIP ALVA, FL 339200696 <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> S NAME GOODYEAR, JAMES GEORGE STREET ADDRESS 13920 EAGLE RIDGE LAKES DR. CITY-ST-ZIP FORT MYERS, FL 339121780 <input checked="" type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SECRETARY STREET ADDRESS Ronald George Frieden CITY-ST-ZIP 7025 E Fountainhead Rd Fort Myers, FL 33919-6805			
TITLE <input checked="" type="checkbox"/> T NAME CONNALLY, GERALD EDWARD STREET ADDRESS 1920 VIRGINIA AVE., 901 CITY-ST-ZIP FORT MYERS, FL 339012317 <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  3/10/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			