


**FILE NOW: FILING FEE IS \$61.25**

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1998 MAR 25 AM 11: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # C10133 (2)**  
1. Corporation Name  
**NITRAM LODGE NO. 188 FREE AND ACCEPTED MASONS OF FLORIDA**

Principal Place of Business Mailing Address  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US**

3. Date Incorporated or Qualified  
**06/30/1992**

4. FEI Number  
**59-0377854**

Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box # and Zip Code)  
**1500 524 59564 - 1**

83  
**-03/26/98-01084-001  
\*\*\*5083.75 \*\*\*\*\*61.25**

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	ELAM, JAMES E	
STREET ADDRESS	720 85TH ST. S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707-3043	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, WILLIAM J	
STREET ADDRESS	3761 51ST STREET N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710-215	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENZIE, KENNETH A	
STREET ADDRESS	2750 37TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THACKREY, FREDERICK C	
STREET ADDRESS	4300 32ND AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33713-2137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WASSERMAN, ARTHUR H	
STREET ADDRESS	4127 22ND AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WASSERMAN, ARTHUR HERMAN	
STREET ADDRESS	4127 22ND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. CERS AND DIRECTORS IN 12

1.1	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	Richard Grant Hoover	
1.2	359 59TH Lane S	
1.3	St Petersburg FL 33707	
1.4	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	Arthur Herman Wasserman	
2.2	4275 78 St N	
2.3	Saint Petersburg Fl 33709	
2.4	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	Russell I Gilson	
3.2	P O Box 89 N/A	
3.3	Brandon FL 33509	
3.4	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.	Gabriel Kober Jr	
4.	1180 Cordova Blvd NE	
4.	Saint Petersburg Fl 33704-2443	
5	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5	Frederick Carl Thackrey	
5	P O Box 12108 N/A	
5	St Petersburg Fl 33733-2108	
6.		
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/13/98 (818) 544-4400**

CP2E037 (10/97)