

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91540 001 \*4,471.25

1853200

**DOCUMENT # C10133**

1. Entity 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

C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202  
 US

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

**59-0377854**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR**  
**220 OCEAN ST**  
**JACKSONVILLE FL 32202**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>WMD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, ROBERT L</b>	
STREET ADDRESS	<b>7225 5TH AVENUE N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, DAVID A</b>	
STREET ADDRESS	<b>6200 6 AVENUE S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JAMES B</b>	
STREET ADDRESS	<b>1720 60 STREET S</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, JEFFREY J</b>	
STREET ADDRESS	<b>3219 XENIA STREET N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MCMILLAN, RONALD L</b>	
STREET ADDRESS	<b>P O BOX 17267</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33762-0267</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>WORSHIPFUL MASTER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David A Henderson</b>	
STREET ADDRESS	<b>6200 6 Ave S</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33707</b>	
TITLE	<b>SENIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeffrey Joseph Morris</b>	
STREET ADDRESS	<b>3219 Xenia St N</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>JUNIOR WARDEN (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anthony L Griffon</b>	
STREET ADDRESS	<b>331 61st Street N</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33710</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* **SIGNATURE REQUIRED** **James B. Moore, Sec.** *2/25/02* *(727) 544-4400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

CR2E037 (9/01)