
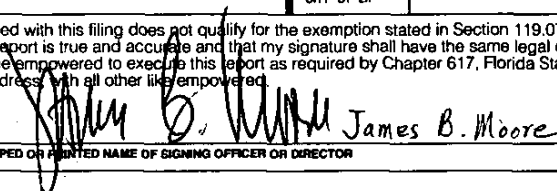


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90021 050 \*\*\*\*61.25

<b>DOCUMENT # C10133</b>					
1. Entity Name NITRAM LODGE NO. 188 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address 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		4. FEI Number <b>59-0377854</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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, etc. is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFON, ANTHONY L		NAME	Scott Matthew Geisler	
STREET ADDRESS	331 61ST. ST. N		STREET ADDRESS	2401 19th St N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337107830		CITY-ST-ZIP	Saint Petersburg FL 33713-4421	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> X
NAME	MOORE, JAMES B		NAME	Paul Christian Olien	
STREET ADDRESS	1720 60 STREET S		STREET ADDRESS	4255 76th St N	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Saint Petersburg FL 33709-4	<input type="checkbox"/> Addition
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> X
NAME	MC SHANE, MATTHEW JOHN SR.		NAME	Mey F Delgado-Arias	
STREET ADDRESS	6429 FLAMINGO WAY S		STREET ADDRESS	315 65th St N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337072935		CITY-ST-ZIP	Saint Petersburg FL 33710-774	<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, RONALD L		NAME		
STREET ADDRESS	P O BOX 17267		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 337620267		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISLER, SCOTT MATTHEW		NAME		
STREET ADDRESS	2401 19TH ST. N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337134421		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		James B. Moore		4/7/05 (727) 544-4400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	