

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91004 001 *1,715.00

DOCUMENT # C10133

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0377854** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, DAVID A	
STREET ADDRESS	6200 6 AVENUE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES B	
STREET ADDRESS	1720 60 STREET S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, JEFFREY J	
STREET ADDRESS	3219 XENIA STREET N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMILLAN, RONALD L	
STREET ADDRESS	P O BOX 17267	
CITY-ST-ZIP	CLEARWATER FL 33762-0267	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFON, ANTHONY L	
STREET ADDRESS	331 61ST STREET N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Joseph Morris	
STREET ADDRESS	3219 Xenia St N	
CITY-ST-ZIP	St Petersburg FL 33713	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony L Griffon	
STREET ADDRESS	331 61st Street N	
CITY-ST-ZIP	St. Petersburg FL 33710	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew John McShane Sr	
STREET ADDRESS	6427 Flamingo Way-S	
CITY-ST-ZIP	St Petersburg FL 33707	
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: James Blume **REQUIRE** John B. Moran 3/6/03 (727) 347-3020

CR2E037 (10/02)