

**2019 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10133

**FILED  
Feb 19, 2019  
Secretary of State  
1507567344CC**

**Entity Name:** NITRAM LODGE NO. 188 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-0377854**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SUNDQUIST, WILLIAM C  
Address        1451 GULF BLVD UNIT 111  
City-State-Zip: CLEARWATER FL 33767-2841

Title            SECRETARY  
Name            MOFFAT, BRIAN D  
Address        12658 96TH ST  
City-State-Zip: LARGO FL 33773

Title            VP  
Name            BUONO, DAVID E  
Address        5435 BAUMANN LN  
City-State-Zip: HOLIDAY FL 34690-4156

Title            DIRECTOR  
Name            DELGADO-ARIAS, NEY F  
Address        315 65TH ST N  
City-State-Zip: ST PETERSBURG FL 33710-7741

Title            TREASURER  
Name            BOOTH, LLOYD E  
Address        5509 99TH TER N  
City-State-Zip: PINELLAS PA 33782-3226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN D MOFFAT**

**SECRETARY**

**02/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date