

**2017 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10133

**FILED  
Jan 30, 2017  
Secretary of State  
CC1463689615**

**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 DIRECTOR  
Name BUONO, DAVID E JR.  
Address PO BOX 20141  
City-State-Zip: ST. PETERSBURG FL 33742

Title SECRETARY  
Name HENDERSON, DAVID A  
Address 6200 6TH AVE S  
City-State-Zip: ST. PETERSBURG FL 33707-2335

Title DIRECTOR  
Name EATON, MICHAEL A  
Address 1009 58TH ST S  
City-State-Zip: GULFPORT FL 33707

Title PRESIDENT  
Name WILLIAMSON, GREGORY J  
Address 317 ELIZABETH AVENUE  
City-State-Zip: CLEARWATER FL 33759-4010

Title TREASURER  
Name HOOVER, RICHARD G  
Address 334 59TH LANE SOUTH  
City-State-Zip: ST PETERSBURG FL 33707-1616

*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: DAVID A. HENDERSON**

**SECRETARY**

**01/30/2017**

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

\_\_\_\_\_  
Date