

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10133

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**9039101947CC**

**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           VP  
Name           GONZALEZ, FERNANDO  
Address        4054 BAYSHORE BLVD NE  
City-State-Zip: ST. PETERSBURG FL 33703

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

Title           PRESIDENT  
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: MICHAEL EATON**

**SECRETARY**

**01/23/2020**

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

\_\_\_\_\_  
Date