

**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10133

**FILED**  
**Feb 22, 2016**  
**Secretary of State**  
**CC5617266637**

**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           BAILEY, CHARLES R  
Address        116 S EVERGREEN AVE  
City-State-Zip: CLEARWATER FL 337563739

Title           SECRETARY  
Name           HENDERSON, DAVID A  
Address        6200 6TH AVE S  
City-State-Zip: ST. PETERSBURG FL 337072335

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

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

Title           TREASURER  
Name           PANKONIE, GREGORY S  
Address        1973 75TH AVENUE N  
City-State-Zip: ST PETERSBURG FL 337024833

*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**

**02/22/2016**

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

\_\_\_\_\_  
Date