FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10043 (3)

1. Corporation Name
TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS OF FLORIDA

600001419916
-03/02/95--01109--001
**14850.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7526487 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WILLIAM G 220 OCEAN STREET JACKSONVILLE FL 32202	81 SHEPPARD, ROY CONNOR 82 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roy Connor Sheppard 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	WALKER, DONALD E	1.2 NAME	JOHN ERNEST DREWETT SR
STREET ADDRESS	2294 TERRACE DR N	1.3 STREET ADDRESS	12339 69TH ST. N
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	LARGO FL 34643-3318
TITLE	S	2.1 TITLE	SENIOR WARDEN/D
NAME	WHALEN, RICHARD J SR	2.2 NAME	LYNN FREDERICK COLEMAN
STREET ADDRESS	PO BOX 803 N/A	2.3 STREET ADDRESS	80 POOLE PL
CITY-ST-ZIP	OZONA FL	2.4 CITY-ST-ZIP	OLDSMAR FL 34677-2349
TITLE	SW	3.1 TITLE	JUNIOR WARDEN/D
NAME	DREWETT, JOHN E SR	3.2 NAME	ROBERT ALLEN MCGOLDRICK
STREET ADDRESS	12339 69TH ST N	3.3 STREET ADDRESS	14612 VILLAGE GLEN CIRCLE
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	JW	4.1 TITLE	TREASURER/D
NAME	COLEMAN, LYNN F	4.2 NAME	JAY DEXTER HOLLIDAY
STREET ADDRESS	80 POOLE PL	4.3 STREET ADDRESS	1601 GREENLEA DR
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	CLEARWATER FL 34615-2226
TITLE	T	5.1 TITLE	SECRETARY/D
NAME	HOLLIDAY, JAY D	5.2 NAME	RICHARD JOHN WHALEN SR
STREET ADDRESS	1601 GREENLEA DR	5.3 STREET ADDRESS	P.O. BOX 803 N/A
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	OZONA FL 34660-0803
TITLE		6.1 TITLE	3/1/95 mst
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as confidential. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Ernest Drewett Sr 2-14-95 813-530-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Ernest Drewett

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