FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # C10043 (3)

1. Corporation Name

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

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: 03/01/1995

2. Principal Place of Business
21 ROY CONNOR SHEPPARD
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 ROY CONNOR SHEPPARD
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 23-7526487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
900001773059
83 -04/09/96--01011--001
***1960.00
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] 2/16/96
Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	1.1 TITLE
NAME	DREWETT, JOHN E SR		1.2 NAME
STREET ADDRESS	12339 69TH ST. N.		1.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34643-3318		1.4 CITY-ST-ZIP
TITLE	SWD	☐ DELETE	2.1 TITLE
NAME	COLEMAN, LYNN F		2.2 NAME
STREET ADDRESS	80 POOLE PL.		2.3 STREET ADDRESS
CITY-ST-ZIP	OLDSMAR FL 34677-2349		2.4 CITY-ST-ZIP
TITLE	JWD	☐ DELETE	3.1 TITLE
NAME	MCGOLDRICK, ROBERT A		3.2 NAME
STREET ADDRESS	14612 VILLIAGE GLEN CIRLCE		3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP
TITLE	TD	☐ DELETE	4.1 TITLE
NAME	HOLLIDAY, JAY D		4.2 NAME
STREET ADDRESS	1601 GREENLEA DR.		4.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL 34615-2226		4.4 CITY-ST-ZIP
TITLE	SD	☐ DELETE	5.1 TITLE
NAME	WHALEN, RICHARD J SR		5.2 NAME
STREET ADDRESS	P.O. BOX 803 N/A		5.3 STREET ADDRESS
CITY-ST-ZIP	OZONA FL 34660-0803		5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
LYNN FREDERICK COLEMAN
80 POOLE PL
OLDSMAR FL 34677-2349

SENIOR WARDEN (D)
ROBERT ALLEN MCGOLDRICK
14612 VILLAGE GLEN CIRCLE
TAMPA FL 33624

JUNIOR WARDEN (D)
RALPH JAMES ROCHA
519 HUMPHRIES ROAD
SAFETY HARBOR FL 34695-4921

TREASURER (D)
RICHARD JOHN WHALEN SR
P.O. BOX 803 N/A
OZONA FL 34660-0803

SECRETARY (D)
BRUCE STEPHEN MOIR
2912 EDGEWOOD ST
CLEARWATER FL 34619

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual... certify that the information indicated on this annual report or supplemental annual report is true and acc... 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: X [signature] LYNN F. COLEMAN 3/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

813 544-6880
Daytime Phone #

CS 4/8/96