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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 04/08/1996
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

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

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)
83
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. (Signature) and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 2-3-97

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	ROCHA, RALPH J	
STREET ADDRESS	519 HUMPHRIES RD	
CITY-ST-ZIP	SAFETY HARBOR FL 34695-4921	
TITLE	WMD	<input type="checkbox"/> DELETE
NAME	COLEMAN, LYNN F	
STREET ADDRESS	80 POOLE PL.	
CITY-ST-ZIP	OLDSMAR FL 34677-2349	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	MCGOLDRICK, ROBERT A	
STREET ADDRESS	14612 VILLIAGE GLEN CIRLCE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOIR, BRUCE S	
STREET ADDRESS	2912 EDENWOOD ST	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHALEN, RICHARD J SR	
STREET ADDRESS	P.O. BOX 803 N/A	
CITY-ST-ZIP	OZONA FL 34680-0803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Robert Allen McGoldrick
1.3 STREET ADDRESS	4802 Lastrada Ct
1.4 CITY-ST-ZIP	Lutz FL 33549
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Ralph James Rocha
2.3 STREET ADDRESS	519 Humphries Road
2.4 CITY-ST-ZIP	Safety Harbor FL 34695-4921
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Donn Franklin Pulley
3.3 STREET ADDRESS	3132 Blue Heron St
3.4 CITY-ST-ZIP	Safety Harbor FL 34695
4.1 TITLE	TREASURER D
4.2 NAME	Richard John Whalen Sr
4.3 STREET ADDRESS	P.O. Box 803 N/A
4.4 CITY-ST-ZIP	Ozona Fl 34680-0803
5.1 TITLE	SECRETARY D
5.2 NAME	Bruce Stephen Moir
5.3 STREET ADDRESS	2912 Edenwood St
5.4 CITY-ST-ZIP	Clearwater Fl 34619-2701
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: [Signature] Robert A. McGoldrick 2/18/97 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CP2E037 (9/96)