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Mar 31 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526487

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

TITLE JWD ☐ DELETE

NAME ROCHA, RALPH J
STREET ADDRESS 519 HUMPHRIES RD
CITY-ST-ZIP SAFETY HARBOR FL 34695-4921

TITLE WMD ☐ DELETE

NAME COLEMAN, LYNN F
STREET ADDRESS 80 POOLE PL.
CITY-ST-ZIP OLDSMAR FL 34677-2349

TITLE SWD ☐ DELETE

NAME MCGOLDRICK, ROBERT A
STREET ADDRESS 14612 VILLAGE GLEN CIRLCE
CITY-ST-ZIP TAMPA FL 33624

TITLE SD ☐ DELETE

NAME MOIR, BRUCE S
STREET ADDRESS 2912 EDENWOOD ST
CITY-ST-ZIP CLEARWATER FL 34619

TITLE TD ☐ DELETE

NAME WHALEN, RICHARD J SR
STREET ADDRESS P.O. BOX 803 N/A
CITY-ST-ZIP OZONA FL 34660-0803

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition

1.2 NAME Ralph James Rocha
1.3 STREET ADDRESS 519 Humphries Road
1.4 CITY-ST-ZIP Safety Harbor FL 34695-4921

2.1 TITLE SECRETARY (D) ☒

2.2 NAME Bruce Stephen Moir
2.3 STREET ADDRESS 2912 Edenwood St
2.4 CITY-ST-ZIP Clearwater FL 33759-2701

3.1 TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition

3.2 NAME Donn Franklin Pulley
3.3 STREET ADDRESS 3132 Blue Heron St
3.4 CITY-ST-ZIP Safety Harbor FL 34697

4.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition

4.2 NAME Edward Valen Bethel Jr
4.3 STREET ADDRESS 4418 Clearwater Hbr Dr
4.4 CITY-ST-ZIP Largo FL 33770

5.1 TITLE TREASURER (D) ☒ Change ☐ Addition

5.2 NAME Richard John Whalen Sr
5.3 STREET ADDRESS P.O. Box 803 N/A
5.4 CITY-ST-ZIP OZONA FL 34660-0803

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

R. James Rocha

2/24/98

813-774-9088

CR2E037 (10/97)