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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90161 001 \*5,083.75

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # C10043**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

06/30/1992

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

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

SIGNATURE

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

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

TITLE  DELETE

NAME SD  
 PULLEY, DONN F  
 STREET ADDRESS 3132 BLUE HERON ST  
 CITY-ST-ZIP SAFETY HARBOR FL 34619

TITLE  DELETE

NAME ✓ D  
 BETHEL, EDWARD V JR  
 STREET ADDRESS 4418 CLEARWATER HBR DR  
 CITY-ST-ZIP LARGO FL 33770

TITLE  DELETE

NAME SD  
 MOIF, BRUCE S  
 STREET ADDRESS 2912 EDENWOOD ST  
 CITY-ST-ZIP CLEARWATER FL 33759-2701

TITLE  DELETE

NAME ✓ TD  
 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SENIOR WARDEN (D)  Change  Addition

1.2 NAME Anthony E Rhoades  
 1.3 STREET ADDRESS 1920 Betty Ln N  
 1.4 CITY-ST-ZIP Clearwater FL 34615

2.1 TITLE JUNIOR WARDEN (D)  Change  Addition

2.2 NAME Andrew Jackson Foster III  
 2.3 STREET ADDRESS 10263 Gandy Blvd.  
 2.4 CITY-ST-ZIP St Petersburg FL 33702

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: X R. James Rocha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 727-826-4337

Date

Daytime Phone #

CR2E037 (11/98)