

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90220 018 \*\*\*\*61.25

<b>DOCUMENT # C10043</b> 1. Entity Name <b>TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>23-7526487</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD <input type="checkbox"/> Delete		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTTERMAN, ROBERT L		NAME	Kelfryn William James	
STREET ADDRESS	2625 SR 590 #2212		STREET ADDRESS	1033 Misty Hollow Ln	
CITY-ST-ZIP	CLEARWATER, FL 337592222		CITY-ST-ZIP	Tarpon Springs FL 34688-9226	
TITLE	SWD <input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	JAMES, KELFRYN W		NAME	Matt Hans Thaisen	
STREET ADDRESS	1033 MISTY HOLLOW LANE		STREET ADDRESS	6366 44th Ave N	
CITY-ST-ZIP	TARPO SPRINGS, FL 34688922		CITY-ST-ZIP	Kenneth City FL 33709-4814	
TITLE	JWD <input checked="" type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	THAISEN, MATT H		NAME	Michael Thomas Rhoades	
STREET ADDRESS	6366 44TH AVE. N		STREET ADDRESS	6274 51st Ave N	
CITY-ST-ZIP	KENNETH CITY, FL 337094814		CITY-ST-ZIP	Saint Petersburg FL 33709-3312	
TITLE	TD <input type="checkbox"/> Delete		TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Addition	
NAME	WHALEN, RICHARD J SR		NAME	Anthony E Rhoades	
STREET ADDRESS	P.O. BOX 803		STREET ADDRESS	1920 N Betty Ln	
CITY-ST-ZIP	OZONA, FL 346600803		CITY-ST-ZIP	Clearwater FL 33755-1405	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Anthony Rhoades*

**Anthony Rhoades**

**3-29-05**

**27-492-6361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #