

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90252 043 \*\*\*\*61.25

**DOCUMENT # C10043**

1. Entity 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**

**40039276**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**23-7526487**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
JAMES, KELFRYN W  
1033 MISTY HOLLOW LANE  
TARPON SPRINGS, FL 346889226** ☐ Delete

**WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
**Matt Hans Thaisen  
6366 44th Ave N  
Kenneth City FL 33709-1011**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
TAISEN, MATT H  
6366 44TH AVENUE N  
SAINT PETERSBURG, FL 337094814** ☒ Delete

**SENIOR WARDEN (D)** ☒ Change ☐ Addition  
**Michael Thomas Rhoades  
6274 51st Ave N  
Saint Petersburg FL 33709-3**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JWD  
RHODDES, MICHAEL T  
6274 51ST AVENUE N  
SAINT PETERSBURG, FL 337093312** ☒ Delete

**JUNIOR WARDEN (D)** ☐ Change ☒ Addition  
**Darryl Ambler  
1200 Country Trails Dr  
Safety Harbor FL 34695-2055**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WHALEN, RICHARD J SR  
P.O. BOX 803  
OZONA, FL 346600803** ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RHODDES, ANTHONY E  
1920 N BETTY LANE  
CLEARWATER, FL 337551405** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Anthony E Rhoades**

**3-6-06**

**272-455-5288**