

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


03-16-2007 90040.010 *****61.25
C10133

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20001122



DOCUMENT # C10133					
1. Entity Name NITRAM LODGE NO. 188 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0377854	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	01202007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO-ARIAS, NEY F		NAME	Stanley Harold Szemer	
STREET ADDRESS	315 65TH ST NORTH		STREET ADDRESS	6472 Fairway View Blvd S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337107741		CITY-ST-ZIP	Saint Petersburg FL 33707-3816	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, RICHARD G		NAME		
STREET ADDRESS	334 59TH LN SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFAN, ANTHONY L		NAME	Scott Drake	
STREET ADDRESS	331 61ST STREET NORTH		STREET ADDRESS	11210 Clayridge Dr	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337107830		CITY-ST-ZIP	Tampa FL 33635-1549	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTO, DANIEL P		NAME	Daniel P Barto	
STREET ADDRESS	8333 MONARCH CIR		STREET ADDRESS	8333 Monarch Cir	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Seminole FL 33772-3900	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JEFFREY J		NAME	David A Henderson	
STREET ADDRESS	3219XENIA ST NORTH		STREET ADDRESS	6200 6th Ave S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	Saint Petersburg FL 33707-2335	
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 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-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: <i>Richard G. Hoover</i>			Date: 3/8/07 Daytime Phone #: 727-409-6665		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					