

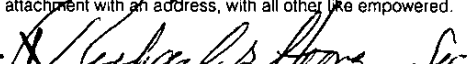


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 007 ****61.25

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			
Zip	Country	Zip	Country	4. FEI Number 59-0377854	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202	
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/11/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZEMER, STANLEY H		NAME	Charles Joseph Morris	
STREET ADDRESS	6472 FAIRWAY VIEW BLVD S		STREET ADDRESS	4930 11th Ave N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337073816		CITY-ST-ZIP	Saint Petersburg FL 33710-6112	
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	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, SCOTT		NAME	Scott Drake	
STREET ADDRESS	11210 CLAYRIDGE DR		STREET ADDRESS	11210 Clayridge Dr	
CITY-ST-ZIP	TAMPA, FL 336351549		CITY-ST-ZIP	Tampa FL 33635-1549	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, DAVID A		NAME		
STREET ADDRESS	6200 6TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337072335		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 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: 		RICHARD G. HOOPER		Date 3/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 274076665	