

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90111 001 *5,390.00

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DOCUMENT # C10183

1. Corporation Name

**PORT TAMPA LODGE NO. 153 FREE AND ACCEPTED MASON
S OF FLORIDA**

Principal Place of Business

**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US**

Mailing Address

**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7136823

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

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **TD**
STREET ADDRESS **JENNE, LAFAYETTE S**
CITY-ST-ZIP **3102 CLOVEWOOD PL**
SEFFNER FL 33584

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SMITH, THURSTON RAY**
CITY-ST-ZIP **7102 S FITZGERALD ST**
TAMPA FL 33616

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WELCH, JAMES L**
CITY-ST-ZIP **3319 EMPEDRADO ST**
TAMPA FL 33629-8732

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROWE, RAYMOND S JR**
CITY-ST-ZIP **8020 INTERBAY BLVD**
SEFFNER FL 33616

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **BISHOP, JAMES EVERETT**
CITY-ST-ZIP **P O BOX 19081 N/A**
TAMPA FL 33686-9081

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **BISHOP, JAMES EVERETT**
CITY-ST-ZIP **7002 SPARKMAN STREET**
TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Raymond Sanford Rowe Jr
8020 Interbay Blvd
Tampa FL 33616

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

JUNIOR WARDEN (D) ☒ Change ☐ Addition
Howard Marvin Mauler Jr
6916 S Trask
Tampa FL 33616

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED, SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99
Date

(813) 837-0688
Daytime Phone #

CR2E037 (11/98)