2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # C10183** 1. Entity Name PORT TAMPA LODGE NO. 153 FREE AND ACCEPTED MASON 03-15-2000 90138 001 *8,207.50 Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202-3218 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-7136823 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE FL 32202 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition WMD Delete TITLE WORSHIPFUL MASTER (D) TITLE NAME NAME ROWE, RAYMOND S JR Howard Marvin Mauller STREET ADDRESS STREET ADDRESS **8020 INTERBAY BLVD** 6916 S Trask CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33616** Tampa FL 33616 Delete ¬ Change TITLE TITLE (D) MAULLER, HOWARD M JR NAME SENIOR WARDEN NAME STREET ADDRESS Raymond Sanford Rowe Jr STREET ADDRESS 6916 S TRASK CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33616 8020 Interbay 81vd Change ☐ Addition D Delete TITLE Tampa FL 33616 WELCH, JAMES L NAME NAME JUNIOR WARDEN (D) STREET ADDRESS STREET ADDRESS 3319 EMPEDRADO ST CITY-ST-ZIP Clay McAlister CITY-ST-ZIP TAMPA FL 33629-8732 4514 W Rogers Ave Change ☐ Addition ☐ Delete TITLE TITLE SD NAME Tampa FL 33611 NAME BISHOP, JAMES EVERETT STREET ADDRESS STREET ADDRESS 7002 SPARKMAN STREET (D) TREASURER CITY-ST-ZIP CITY-ST-ZIP tampa fl Lafayette Edmund Jenne ☐ Delete TIT! F TITLE 3102 Clovewood Pl NAME NAME Seffner FL 33584 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIE 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. James E. Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR