

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90047 011 ****61.25

DOCUMENT # C10183

1. Entity Name
**PORT TAMPA LODGE NO. 153 FREE AND ACCEPTED
MASONS 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7136823

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 C
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, 2004

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 **D** ☒ Delete
NAME **CHEW, MELVIN B**
STREET ADDRESS **4819 MCELROY BLDG D**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **Clay McAlister**
STREET ADDRESS **4514 W Rogers Ave**
CITY-ST-ZIP **Tampa FL 33611-5632**

TITLE **SW** ☒ Delete
NAME **MCALISTER, CLAY**
STREET ADDRESS **4514 W. ROGERS AVE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Jimmie Daniel Dean**
STREET ADDRESS **4213 Ohio Ave.**
CITY-ST-ZIP **Tampa FL 33616-1203**

TITLE **SD** ☒ Delete
NAME **GARDNER, HOWARD H**
STREET ADDRESS **8026 INTERBAY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33616**

TITLE **SECRETARY (D)** ☐ Change ☒ Addition
NAME **James Everett Bishop**
STREET ADDRESS **7002 Sparkman St**
CITY-ST-ZIP **Tampa FL 33616-1839**

TITLE **TD** ☐ Delete
NAME **KIDD, GERALD D**
STREET ADDRESS **4412 W PAUL AVENUE**
CITY-ST-ZIP **TAMPA, FL 336113322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROWE, RAYMOND**
STREET ADDRESS **2805 S. MILLER RD.**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, Sec.

SIGNATURE:

James E. Bishop, Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 (813) 837-0688
Date Daytime Phone #