



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90021 002 ****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		 03032005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 23-7136823				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCALISTER, CLAY	NAME			
STREET ADDRESS	4514 W. ROGERS AVE.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336115632	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAN, JIMMIE D	NAME	SENIOR WARDEN (D)		
STREET ADDRESS	4213 OHIO AVE.	STREET ADDRESS	Jimmie Daniel Dean		
CITY-ST-ZIP	TAMPA, FL 336161203	CITY-ST-ZIP	4213 Ohio Ave		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BISHOP, JAMES E	NAME			
STREET ADDRESS	7002 SPARKMAN ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336161839	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIDD, GERALD D	NAME			
STREET ADDRESS	4412 W PAUL AVENUE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336113322	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWE, RAYMOND	NAME	WORSHIPFUL MASTER (D)		
STREET ADDRESS	2805 S. MILLER RD.	STREET ADDRESS	Raymond Sanford Rowe Jr		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	2805 Miller Rd		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JUNIOR WARDEN (D)		
STREET ADDRESS		STREET ADDRESS	David Ben Brigham		
CITY-ST-ZIP		CITY-ST-ZIP	4415 W Lackland Pl		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptic indicated on this report or supplemental report is true and accurate and that my signature s of the corporation or the receiver or trustee empowered to execute this report as required b, changed, or on an attachment with an address, with all other like empowered.		I am an officer or director in Block 10 or Block 11 if			
SIGNATURE: James E. Bishop SEC. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/5/05 Daytime Phone # 813 837-0688			