2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10183

FILED Mar 31, 2009 Secretary of State

Entity Name: PORT TAMPA LODGE NO. 153 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business: New Principal Place of Business:

ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST.

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

ROY CONNOR SHEPPARD RICHARD E. LYNN 220 OCEAN ST 220 OCEAN ST.

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

FEI Number: 23-7136823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNN, RICHARD E 220 OCEAN STREET JACKSONVILLE, FL 32202

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BALSLEY, KENNETH D BALSLEY, KENNETH D Name: Name: 4422 W PRESCOTT ST Address: 4422 W PRESCOTT ST Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip: TAMPA, FL 33616

Title: Title: (X) Change () Addition () Delete ROWE JR, RAYMOND S Name: ROWE, RAYMOND S JR Name:

Address: 6205 S DALE MABRY HWY Address: 6205 S DALE MABRY HWY City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: (X) Delete Title: () Change () Addition

WELCH, JAMES L Name: Name: Address: 3109 W TYSON AVE Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition

Name: BRIGHAM, DAVID B Name: BRIGHAM, DAVID B 4415 W LACKLAND PL 4415 W LACKLAND PL Address: Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip: TAMPA, FL 33616

Title: (X) Delete Title: () Change () Addition

DEAN, JIMMIE D Name: Name: 4213 OHIO AVE Address: Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. LYNN GS 03/31/2009