

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90248 037 \*\*\*\*70.00

**DOCUMENT # N02000003550**

1. Entity Name  
**LANDMARK LODGE #93, F.&A.M. INC.**



Principal Place of Business  
**1510 W. LAUREL ST. 2401 N. ALBANY AVE.**  
**TAMPA, FL 33607**

Mailing Address  
**P.O. BOX 11651**  
**TAMPA, FL 33680**

**54030614**



04062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3671864</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ALLEN, ODELL J JR.**  
**3906 W. WALNUT ST.**  
**TAMPA, FL 33607**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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.**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGINS, GEORGE 3413 E. FERN ST. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, GREGORY 14912 LAKE FOREST DR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATTS, TOBIAS J 1526 E. 139TH AVE. TAMPA, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, LEONARD 3303 MCBERRY ST. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, ODELL J JR. 3906 WALNUT ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM BATES, JAMES SR. 4219 GRACE ST. TAMPA, FL 33607

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IN THIS SPACE**

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.

**SIGNATURE:** Odell J. Allen Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 MARCH 2004  
Date

813 876-2725  
Daytime Phone #