

**2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10043

**Entity Name:** TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS  
OF FLORIDA**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC5622590963****Current Principal Place of Business:**RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202**FEI Number: 59-2618509****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SANTIAGO, JULIUS C
Address	1847 EAGLE RIDGE BLVD
City-State-Zip:	PALM HARBOR FL 34685-3303

Title	SECRETARY
Name	ADKINS, CHRISTOPHER M
Address	P. O. BOX 162
City-State-Zip:	SAFETY HARBOR FL 34695

Title	DIRECTOR
Name	CARDENAS, AARON M
Address	1971 GEORGIA CIR N
City-State-Zip:	CLEARWATER FL 33760

Title	TREASURER
Name	JAMES, KELFRYN W
Address	1033 MISTY HOLLOW LANE
City-State-Zip:	TARPON SPRINGS FL 346899226

Title	DIRECTOR
Name	HARTWICK, MICHAEL R
Address	7 VALENCIA CIR
City-State-Zip:	SAFETY HARBOR FL 34695

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER M. ADKINS****SECRETARY****04/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date