

**2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10043

**Entity Name:** TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS  
OF FLORIDA**FILED**  
**Feb 17, 2013**  
**Secretary of State**  
**CC6455354888****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 DIRECTOR  
Name PIERCE, TIMOTHY S  
Address 6184 97TH TERRACE NORTH  
City-State-Zip: SPINELLAS PARK FL 33782Title PRESIDENT  
Name WRIGHT, LARWENCE E  
Address 2400 WINDING CREEK, UNIT 14-104  
City-State-Zip: CLEARWATER FL 33761Title S, SECRETARY  
Name RHOADES, ANTHONY E  
Address 1920 NORTH BETTY LANE  
City-State-Zip: CLEARWATER FL 33755Title TREASURER  
Name JAMES, KELFRYN W  
Address 1033 MISTY HOLLOW LANE  
City-State-Zip: TARPON SPRINGS FL 346899226Title DIRECTOR  
Name KELM, WILLIAM F  
Address 1440 HOVERSHAM DRIVE  
City-State-Zip: TRINITY FL 34655

*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: ANTHONY E RHOADES****SECRETARY****02/17/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date