FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # C10057 (3)

1. Corporation Name

HOLYROOD LODGE NO. 257 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6146064 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 5/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	WORSHIPFUL MASTER/D
NAME	DYER III FRANK MARK	12 NAME	JAMES POWELL BLASINGAME
STREET ADDRESS	P O BOX 793	13 STREET ADDRESS	8308 BOXWOOD DR
CITY-ST-ZIP	ODESSA FL	14 CITY-ST-ZIP	TAMPA FL 33615-4937
TITLE	JW	21 TITLE	SENIOR WARDEN/D
NAME	THOMAS, WILLIAM R	22 NAME	ROBERT FORREST SPRINGSTON
STREET ADDRESS	7022 W. POCAHONTAS DR.	23 STREET ADDRESS	7104 PAT BLVD
CITY-ST-ZIP	TAMPA FL 33634-4717	24 CITY-ST-ZIP	TAMPA FL 33615-2957
TITLE	D	31 TITLE	JUNIOR WARDEN/D
NAME	BLASINGAME JAMES POWELL	32 NAME	SCOTT MCALISTER
STREET ADDRESS	8308 BOXWOOD DR	33 STREET ADDRESS	4711 HIMES AVENUE S
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FL 33611-2611
TITLE	D	41 TITLE	TREASURER/D
NAME	VAN HOOSER HARRY STEVEN	42 NAME	EUGENE MARCEL LE FLOCH
STREET ADDRESS	16160 BOYETTE RD	43 STREET ADDRESS	3906 EDEN ROC CIR. WEST
CITY-ST-ZIP	RIVERVIEW FL	44 CITY-ST-ZIP	TAMPA FL 33634-7420
TITLE	T	51 TITLE	SECRETARY/D
NAME	LEFLOCH EUGENE MARCEL	52 NAME	KENNETH RONALD JAMES
STREET ADDRESS	3906 EDEN ROC CIRCLE WEST	53 STREET ADDRESS	1116 NEBRASKA AVE
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	PALM HARBOR FL 34683-4031
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James P. Blasingame, W.M. 4/12/95 (813) 884-8656
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

James P. Blasingame, Worshipful Master

0100MM