

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

4. FEI Number **59-6146064** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **200001779402  
04/15/96--01020--039**  
84 City **\*\*\*1286.25 FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**2/16/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLASINGAME, JAMES P</b>	
STREET ADDRESS	<b>3808 BOXWOOD DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615-4937</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPRINGSTON, ROBERT F</b>	
STREET ADDRESS	<b>7104 PAT BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615-2957</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCALISTER, SCOTT</b>	
STREET ADDRESS	<b>4711 HIMES AVENUE S.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611-2611</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LE FLOCH, EUGENE M</b>	
STREET ADDRESS	<b>3906 EDEN ROC CIR. WEST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634-7420</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, KENNETH R</b>	
STREET ADDRESS	<b>1116 NEBRASKA AVE.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683-4031</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>ROBERT FORREST SPRINGSTON</b>
1.3 STREET ADDRESS	<b>7104 PAT BLVD</b>
1.4 CITY-ST-ZIP	<b>TAMPA FL 33615-2957</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>SCOTT MCALISTER</b>
2.3 STREET ADDRESS	<b>4701 W LEONA ST</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL 33629</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>FRED JOHNSON</b>
3.3 STREET ADDRESS	<b>4830 EL CAPISTRANO DR</b>
3.4 CITY-ST-ZIP	<b>TAMPA FL 33634</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>EUGENE MARCEL LE FLOCH</b>
4.3 STREET ADDRESS	<b>3906 EDEN ROC CIR. WEST</b>
4.4 CITY-ST-ZIP	<b>TAMPA FL 33634-7420</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>KENNETH RONALD JAMES</b>
5.3 STREET ADDRESS	<b>1116 NEBRASKA AVE</b>
5.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34683-4031</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Section 617.0503, 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT FORREST SPRINGSTON**

Date **02/29/96** (813)886-2324  
Daytime Phone # **cs 4/14/96**

CH2E037 (12/95)