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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1997



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 ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/14/1996**

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

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

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

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **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 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **2-3-97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	JOHNSON, FRED	
STREET ADDRESS	4830 EL CAPISTRANO DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	WMD	<input type="checkbox"/> DELETE
NAME	SPRINGSTON, ROBERT F	
STREET ADDRESS	7104 PAT BLVD.	
CITY-ST-ZIP	TAMPA FL 33615-2957	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	MCALISTER, SCOTT	
STREET ADDRESS	4711 HIMES AVENUE S.	
CITY-ST-ZIP	TAMPA FL 33611-2611	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LE FLOCH, EUGENE M	
STREET ADDRESS	3906 EDEN ROC CIR. WEST	
CITY-ST-ZIP	TAMPA FL 33634-7420	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES, KENNETH R	
STREET ADDRESS	1116 NEBRASKA AVE.	
CITY-ST-ZIP	PALM HARBOR FL 34683-4031	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Scott McAlister
1.3 STREET ADDRESS	12027 Steppingstone Blvd
1.4 CITY-ST-ZIP	Tampa FL 33635-6253
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Glenn Edgar Bailey
2.3 STREET ADDRESS	4325 S Hubert Ave
2.4 CITY-ST-ZIP	Tampa Fl 33611
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	John Edward Jackson
3.3 STREET ADDRESS	6221 Vassar Circle
3.4 CITY-ST-ZIP	Tampa FL 33634
4.1 TITLE	TREASURER D
4.2 NAME	Eugene Marcel Le Floch
4.3 STREET ADDRESS	3906 Eden Roc Cir. West
4.4 CITY-ST-ZIP	Tampa Fl 33634-7420
5.1 TITLE	SECRETARY D
5.2 NAME	Kenneth Ronald James
5.3 STREET ADDRESS	1116 Nebraska Ave
5.4 CITY-ST-ZIP	Palm Harbor Fl 34683-4031
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth R. James* **02-26-96 (813) 784-3858**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004384

UTZELUS/1996