

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

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: **C/O ROY CONNOR SHEPPARD, 220 OCEAN ST, JACKSONVILLE FL 32202**

Mailing Address: **C/O ROY CONNOR SHEPPARD, 220 OCEAN ST, JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified: **06/30/1992**

4. FEI Number: **59-6146064**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 (81-85) fields.

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 accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS		13. DIRECTORS IN 12	
TITLE: D	MCALISTER, SCOTT	1.1 TITLE: WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12027 STEPPINGSTONE BLVD	TAMPA FL	1.2 NAME: Glenn Edgar Bailey	
CITY-ST-ZIP: TAMPA FL		1.3 STREET ADDRESS: 4325 S Hubert Ave	
TITLE: D	BAILEY, GLENN EDGAR	1.4 CITY-ST-ZIP: TAMPA FL 33611	
STREET ADDRESS: 4325 S HUBERT AVE	TAMPA FL	2.1 TITLE: SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: TAMPA FL		2.2 NAME: Kenneth R. James	
TITLE: D	JACKSON, JOHN EDWARD	2.3 STREET ADDRESS: 1116 Nebraska Ave.	
STREET ADDRESS: 8221 VASSAR CIRCLE	TAMPA FL	2.4 CITY-ST-ZIP: Palm Harbor, FL 34683-4031	
CITY-ST-ZIP: TAMPA FL		3.1 TITLE: SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	LE FLOCH, EUGENE MARCEL	3.2 NAME: John Edward Jackson	
STREET ADDRESS: 3906 EDEN ROC CIR WEST	TAMPA FL	3.3 STREET ADDRESS: 8221 Vassar Circle	
CITY-ST-ZIP: TAMPA FL		3.4 CITY-ST-ZIP: TAMPA FL 33634	
TITLE: D	JAMES, KENNETH RONALD	4.1 TITLE: JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1116 NEBRASKA AVE	PALM HARBOR FL	4.2 NAME: John H Sargent	
CITY-ST-ZIP: TAMPA FL		4.3 STREET ADDRESS: 209 North Hesperides St	
TITLE: D	JAMES, KENNETH RONALD	4.4 CITY-ST-ZIP: TAMPA FL 33604	
STREET ADDRESS: 1116 NEBRASKA AVE	PALM HARBOR FL	5.1 TITLE: TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: TAMPA FL		5.2 NAME: Robert Forrest Springston	
TITLE: D	JAMES, KENNETH RONALD	5.3 STREET ADDRESS: 7104 Pat Blvd	
STREET ADDRESS: 1116 NEBRASKA AVE	PALM HARBOR FL	5.4 CITY-ST-ZIP: TAMPA FL 33615-2957	
CITY-ST-ZIP: TAMPA FL		6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	JAMES, KENNETH RONALD	6.2 NAME: [Blank]	
STREET ADDRESS: 1116 NEBRASKA AVE	PALM HARBOR FL	6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: TAMPA FL		6.4 CITY-ST-ZIP: [Blank]	

14. I 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 Ronald James* Kenneth Ronald James, Secretary  
03-10-98 (815) 784-3858

CR2E037 (10/97)

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NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name  
**HOLYROOD LODGE NO. 257 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business <b>C/O ROY CONNOR SHEPPARD                  220 OCEAN ST                  JACKSONVILLE FL 32202</b>	Mailing Address <b>C/O ROY CONNOR SHEPPARD                  220 OCEAN ST                  JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>06/30/1992</b>	
4. FEI Number <b>59-6146064</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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)	<b>900002486139</b>
83	<b>-04/13/98--01018--026</b>
84 City	<b>***5083.75 FL</b>
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 accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/13/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCALISTER, SCOTT</b>	
STREET ADDRESS	<b>12027 STEPPINGSTONE BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, GLENN EDGAR</b>	
STREET ADDRESS	<b>4325 S HUBERT AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, JOHN EDWARD</b>	
STREET ADDRESS	<b>8221 VASSAR CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LE FLOCH, EUGENE MARCEL</b>	
STREET ADDRESS	<b>3906 EDEN ROC CIR WEST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, KENNETH RONALD</b>	
STREET ADDRESS	<b>1116 NEBRASKA AVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. DIRECTORS IN 12**

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Glenn Edgar Bailey</b>	
1.3 STREET ADDRESS	<b>4325 S HUBERT AVE</b>	
1.4 CITY-ST-ZIP	<b>Tampa FL 33611</b>	
2.1 TITLE	<b>SECRETARY (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kenneth R. James</b>	
2.3 STREET ADDRESS	<b>1116 Nebraska Ave.</b>	
2.4 CITY-ST-ZIP	<b>Palm Harbor, FL 34683-4031</b>	
3.1 TITLE	<b>SENIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John Edward Jackson</b>	
3.3 STREET ADDRESS	<b>8221 Vassar Circle</b>	
3.4 CITY-ST-ZIP	<b>Tampa FL 33634</b>	
4.1 TITLE	<b>JUNIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John H Sargent</b>	
4.3 STREET ADDRESS	<b>209 North Hesperides St</b>	
4.4 CITY-ST-ZIP	<b>Tampa FL 33604</b>	
5.1 TITLE	<b>TREASURER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Robert Forrest Sfrington</b>	
5.3 STREET ADDRESS	<b>7104 Pat Blvd</b>	
5.4 CITY-ST-ZIP	<b>Tampa FL 33615-2957</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 Ronald James* **03-10-98 (813) 784-3858**

Kenneth Ronald James, Secretary

CR2E037 (10/97)

*DE 4/10*