

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90201 043 \*\*\*\*61.25

**DOCUMENT # C10057**

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-6146064

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE, FL 32202

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME WMD GRUBER, JEFFERY W  
STREET ADDRESS 5115 GATEWAY DRIVE  
CITY-ST-ZIP TAMPA, FL 33615 ☒ Delete

TITLE NAME WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
STREET ADDRESS Nicholas A Drossos  
CITY-ST-ZIP 3901 Doral Dr  
Tampa FL 33634-7400

TITLE NAME SWD DRAZZOS, NICHOLAS A  
STREET ADDRESS 3901 DORAL DR  
CITY-ST-ZIP TAMPA, FL 33634 ☒ Delete

TITLE NAME SENIOR WARDEN (D) ☒ Change ☐ Addition  
STREET ADDRESS Gerald P Rymal  
CITY-ST-ZIP 4547 Castaway Dr #3  
Tampa FL 33615-5162

TITLE NAME JWD RYMAL, GERALD P  
STREET ADDRESS 4547 CASTAWAY DR  
CITY-ST-ZIP TAMPA, FL 336155162 ☒ Delete

TITLE NAME JUNIOR WARDEN (D) ☒ Change ☐ Addition  
STREET ADDRESS Dean J Ontiveros  
CITY-ST-ZIP 5119 El Donado Dr  
Tampa FL 33615-4711

TITLE NAME TD MCALISTER, SCOTT  
STREET ADDRESS 12027 STEPPINGSTONE BLVD  
CITY-ST-ZIP TAMPA, FL 336356253 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE NAME SD JACKSON, JOHN E  
STREET ADDRESS 8221 VASSAR CIRCLE  
CITY-ST-ZIP TAMPA, FL 336342275 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John E. Jackson* JOHN E. JACKSON, Sec.

4/1/04

813-909-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #