


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90252 046 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02072006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD ROBERTSONS, JAMES F SR 5415 BRITWELL CT TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER (D) Paul Nicholas Bardue 2130 Crownest Dr Palm Harbor FL 34685-1703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD SUTKER, STEPHEN H 4005 OAK LIMB CT TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D) Jason Thomas Lewis 3917 W Eden Roc Cir Tampa FL 33624-7419 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BARDUA, PAUL N 2130 CROWNEST DR PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D) Derek Allen Free 3621 Bluebell Ln Holiday FL 34691-1104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCALISTER, SCOTT 12027 STEPPINGSTONE BLVD TAMPA, FL 336356253	<input checked="" type="checkbox"/> Delete	TREASURER James Franklin Robertson Sr 5415 Britwell Ct Tampa FL 33624-4173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETLEY, THEODORE P SR 9986 STOCKBRIDGE DR TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	SECRETARY (D) James Marvin Bryant 4735 Wind Flower Cir Tampa FL 33624-1176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James M. Bryant Date: March 16, 2006 Daytime Phone #: (813) 888-6385