


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 024 ****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**

40044000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6146064

Applied For
 Not Applicable

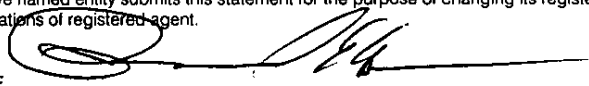
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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
**Lynn, Richard Edward
 220 Ocean Street
 Jacksonville, Florida 32202**

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 **3/10/08**

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, 2008**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JASON THOMAS	
STREET ADDRESS	3917 W. EDEN ROC CIR.	
CITY-ST-ZIP	TAMPA, FL 336347419	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREE, DEREK ALLEN	
STREET ADDRESS	3621 BLUEBELL LN.	
CITY-ST-ZIP	HOLIDAY, FL 346911104	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, THOMAS MARTIN II	
STREET ADDRESS	12207 GLENCLIFF CIR.	
CITY-ST-ZIP	TAMPA, FL 336262541	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTSTON, JAMES F SR	
STREET ADDRESS	5415 BRITWELL COURT	
CITY-ST-ZIP	TAMPA, FL 336244173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRYANT, JAMES M	
STREET ADDRESS	4735 WIND FLOWER CIRCLE	
CITY-ST-ZIP	TAMPA, FL 336241176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Zoltan Bush	
STREET ADDRESS	3915 W Eden Roc Cir	
CITY-ST-ZIP	Tampa, FL 33634-2541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **03/04/2008** Daytime Phone # **813-888-6385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR