

**2017 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10057

**Entity Name:** HOLYROOD LODGE NO. 257 FREE AND ACCEPTED MASONS  
OF FLORIDA

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC7754910881**

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**FEI Number: 59-6146064**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DAVIS, ROBERT S IV  
Address 10039 TRANQUILITY WAY  
City-State-Zip: TAMPA FL 33625-2547

Title PRESIDENT  
Name MULLINS, DOYLE JR.  
Address 15304 OTTO RD  
City-State-Zip: TAMPA FL 33624-2213

Title DIRECTOR  
Name TAYLOR, DONN  
Address 202 W JEAN ST  
City-State-Zip: TAMPA FL 33604-6644

Title TREASURER  
Name MEADE, DAVID R  
Address 8822 WELLINGTON DRIVE  
City-State-Zip: TAMPA FL 33635-1320

Title SECRETARY  
Name TARICA, JOSEPH  
Address 5500 MEMORIAL HWY  
City-State-Zip: TAMPA FL 33634-7336

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH TARICA**

**SECRETARY**

**01/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date