

**2022 NOT FOR PROFIT REGISTRATION AMENDED ANNUAL REPORT**

DOCUMENT# C10057

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

**FILED**  
**Oct 11, 2022**  
**Secretary of State**  
**2419982340CC**

**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 VP  
Name ANDERSON, DAVID E  
Address 4540 BOWL ST  
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT  
Name REDFURN, JAMAL J  
Address 4535 PARKWAY BLVD  
City-State-Zip: LAND O LAKES FL 34639

Title SECRETARY  
Name PHILLIPS, ROBERT L T  
Address 9615 N OKLAWAHA AVE  
City-State-Zip: TAMPA FL 33617-4529

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

Title DIRECTOR  
Name MEANS, JOSEF B  
Address 6161 MEMORIAL HWY APT 2310  
City-State-Zip: TAMPA FL 33615

*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: ROBERT L T PHILLIPS**

**SECRETARY**

**10/11/2022**

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

\_\_\_\_\_  
Date