

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10057

**Entity Name:** HOLYROOD LODGE NO. 257 FREE AND ACCEPTED MASONS  
OF FLORIDA**FILED**  
**Jan 21, 2024**  
**Secretary of State**  
**0121837029CC****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	ANDERSON, DAVID E
Address	4540 BOWL ST
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRESIDENT
Name	TUTOR, KENNETH
Address	4503 STONEHENGE ROAD
City-State-Zip:	TAMPA FL 33624

Title	SECRETARY
Name	TARICA, JOSEPH
Address	10607 ORANGE GROVE DR
City-State-Zip:	TAMPA FL 33618

Title	VP
Name	ROBERTSON, JAMES F SR
Address	17402 ISBELL LN
City-State-Zip:	ODESSA FL 33556

Title	TREASURER
Name	TUCKER, HOUSTON A
Address	11347 EMERSON LAKE DR
City-State-Zip:	RIVERVIEW FL 33578

*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****01/21/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date