

**2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10057

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

**FILED**  
**Jan 16, 2021**  
**Secretary of State**  
**9884515022CC**

**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 DOBSON, BENJAMEN  
Address 8619 BOYSENBERRY DR  
City-State-Zip: TAMPA FL 33635

Title PRESIDENT  
Name APPLGARTH, CHANNING  
Address 12717 BENTY WAY  
City-State-Zip: ODESSA FL 33556-2801

Title SECRETARY  
Name MCALISTER, SCOTT  
Address 5500 MEMORIAL HWY  
City-State-Zip: TAMPA FL 33634

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

Title DIRECTOR  
Name REDFURN, JAMAL  
Address 7309 HIDEAWAY TRL  
City-State-Zip: NEW PORT RICHEY FL 34655

*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: SCOTT MCALISTER**

**SECRETARY**

**01/16/2021**

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

\_\_\_\_\_  
Date