


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90032 014 \*\*\*\*61.25

|  |                        |  |                            |
|--|------------------------|--|----------------------------|
| <b>DOCUMENT # C10364</b>   |                        |                             |                            |
| 1. Entity Name<br><b>GAINESVILLE CHAPTER NO. 2 ROYAL ARCH MASONS</b>   |                        |  |                            |
| Principal Place of Business<br>130 NE 910TH AVENUE<br>BRANFORD, FL 32008-8913 US   |                        | Mailing Address<br>P.O. BOX 972<br>GAINESVILLE, FL 32602 US  |                            |
| 2. Principal Place of Business   |                        | 3. Mailing Address   |                            |
| Suite, Apt. #, etc.  |                        | Suite, Apt. #, etc.  |                            |
| City & State   |                        | City & State   |                            |
| Zip  |                        | Zip  |                            |
| Country  |                        | Country  |                            |
| NO CHANGE  |                        | NO CHANGE  |                            |
| 01092006   |                        | Chg-NP   |                            |
| CR2E037 (11/05)  |                        | 4. FEI Number<br>59-6144502  |                            |
| Applied For  |                        | Not Applicable   |                            |
| 5. Certificate of Status Desired   |                        | <input type="checkbox"/> \$8.75 Additional Fee Required  |                            |
| 6. Name and Address of Current Registered Agent  |                        | 7. Name and Address of Now Registered Agent  |                            |
| SCHREIBER, WILLIAM H<br>130 NE 910TH AVENUE<br>BRANFORD, FL 32008-8913   |                        | Name   |                            |
|  |                        | Street Address (P.O. Box Number is Not Acceptable)   |                            |
|  |                        | City   |                            |
|  |                        | 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  |                        | NO CHANGES<br>William H. Schreiber, Secretary 01-21-2006   |                            |
| Signature, typed or printed name of registered agent and title if applicable.  |                        | (NOTE: Registered Agent signature required when reinstating) DATE  |                            |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                            |
|  |                        | Make check payable to Florida Department of State  |                            |
| 10. OFFICERS AND DIRECTORS   |                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |                            |
| TITLE  | D                      | TITLE  |                            |
| NAME   | WARD, HARVEY L         | NAME   |                            |
| STREET ADDRESS   | 2121 NE 55TH BLVD      | STREET ADDRESS   |                            |
| CITY-ST-ZIP  | GAINESVILLE, FL 32641  | CITY-ST-ZIP  |                            |
| TITLE  | DT                     | TITLE  |                            |
| NAME   | OSGOOD, HOWARD B       | NAME   |                            |
| STREET ADDRESS   | 103 NW 40TH DR.        | STREET ADDRESS   |                            |
| CITY-ST-ZIP  | GAINESVILLE, FL 32607  | CITY-ST-ZIP  |                            |
| TITLE  | D                      | TITLE  | D                          |
| NAME   | WEDGE, EDWARD C JR.    | NAME   | WILLIAM S. JACKSON         |
| STREET ADDRESS   | 10938 NW 51ST PL       | STREET ADDRESS   | 2020 NE 55th Blvd.         |
| CITY-ST-ZIP  | GAINESVILLE, FL 30608  | CITY-ST-ZIP  | GAINESVILLE, FL 32641-2749 |
| TITLE  | SD                     | TITLE  | D                          |
| NAME   | SCHREIBER, WILLIAM H   | NAME   | DENNIS E. HASKINS          |
| STREET ADDRESS   | 130 NE 910TH AVENUE    | STREET ADDRESS   | 6705 NW 52ND TERRACE       |
| CITY-ST-ZIP  | BRANFORD, FL 320088913 | CITY-ST-ZIP  | GAINESVILLE, FL 32653      |
| TITLE  | D                      | TITLE  |                            |
| NAME   | THIGPEN, WAYNE         | NAME   |                            |
| STREET ADDRESS   | PO BOX 142491          | STREET ADDRESS   |                            |
| CITY-ST-ZIP  | GAINESVILLE, FL 32614  | CITY-ST-ZIP  |                            |
| TITLE  | D                      | TITLE  | D                          |
| NAME   | WILLIAMS, FRANKLYN D   | NAME   | DANIEL F. WILLIAMS         |
| STREET ADDRESS   | 245 NE 8TH AVENUE      | STREET ADDRESS   | 245 NE 8TH AVE             |
| CITY-ST-ZIP  | LAKE BUTLER, FL 32054  | CITY-ST-ZIP  | LAKE BUTLER, FL 32054      |
| NAME IN CORRECT  |                        | None change  |                            |
| 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: William H. Schreiber, WILLIAM H. SCHREIBER, SEC., 01-21-2006  |                        | Tel: (352) 542-9993  |                            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                        | Date   |                            |
|  |                        | Daytime Phone #  |                            |