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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10366 (8)

1. Corporation Name

MOST EXCELLENT GRAND CHAPTER OF ROYAL ARCH MASON S OF FLORIDA

Principal Place of Business	Mailing Address
916-G FLORIDA AVENUE COCOA FL 32922	P.O. BOX 1597 COCOA FL 32923-1597 US

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business	2a. Mailing Address
21 400-C-JULIA	26 400-C-JULIA
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TITUSVILLE FL	City & State 28 TITUSVILLE FL
Zip 24 32796-3523 Country 25 BREVARD CO USA	Zip 29 32796-3523 Country 30 USA

4. FEI Number: 59-0246708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YOUNG, WM. ROBERT
916-G FLORIDA AVENUE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400-C-JULIA ST
84 City TITUSVILLE FL 85 Zip Code 32796-3523

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WARD, HARVEY L. SR.		1.2 NAME		
STREET ADDRESS	2121 NE 55TH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32602		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, FREDERICK R		2.2 NAME		
STREET ADDRESS	623 CHERRY TREE LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, HARRY R.		3.2 NAME		
STREET ADDRESS	1612 FOSTER AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DUANE B.		4.2 NAME		
STREET ADDRESS	141 SHADOW LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	YOUNG, WM. ROBERT		5.2 NAME		
STREET ADDRESS	916-G FLORIDA AVENUE		5.3 STREET ADDRESS	400-C-JULIA ST	
CITY-ST-ZIP	COCOA FL 32922		5.4 CITY-ST-ZIP	TITUSVILLE FL 32796-3523	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wm Robert Young 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019058