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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
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DOCUMENT # **C10366** (8)

1. Corporation Name

MOST EXCELLENT GRAND CHAPTER OF ROYAL ARCH MASON S OF FLORIDA

Principal Place of Business

916-G FLORIDA AVENUE
COCOA FL 32922

Mailing Address

P.O. BOX 1597
COCOA FL 32923-1597
US



3. Date Incorporated or Qualified
06/15/1993

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 **400-C-JULIA**

2a. Mailing Address

26 **400-C-JULIA**

4. FEI Number
59-0246708

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

23 **TITUSVILLE FL**

City & State

28 **TITUSVILLE FL**

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

Zip Country **USA**

Zip Country **USA**

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

24 **32796-3523** 25 **BREVARD CO**

29 **32796-3523** 30 **USA**

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 **TITUSVILLE**

85 **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **D**
WARD, HARVEY L. SR.
STREET ADDRESS **2121 NE 55TH BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32602**

13. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
YOUNG, FREDERICK R
STREET ADDRESS **623 CHERRY TREE LN**
CITY-ST-ZIP **DELAND FL 32724**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
DAVIS, HARRY R.
STREET ADDRESS **1612 FOSTER AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
YOUNG, DUANE B.
STREET ADDRESS **141 SHADOW LANE**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
YOUNG, WM. ROBERT
STREET ADDRESS **916-G FLORIDA AVENUE**
CITY-ST-ZIP **COCOA FL 32922**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

400-C-JULIA ST
TITUSVILLE FL 32796-3523

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

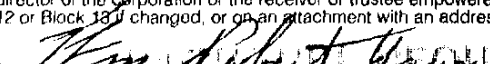
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Date

Daytime Phone # 0019058

CR2E037 (9/96)