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03-01-1999 90020 020 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10366

1. Corporation Name

**MOST EXCELLENT GRAND CHAPTER OF ROYAL ARCH MASON
S OF FLORIDA**

Principal Place of Business

**400-C JULIA
TITUSVILLE FL 32796-3523
US**

Mailing Address

**400-C JULIA
TITUSVILLE FL 32796-3523
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/15/1953

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

9. Name and Address of Current Registered Agent

**YOUNG, WM. ROBERT
400-C JULIA ST.
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Wm Robert Young

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12.

OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SCOTT, LESLIE H J
STREET ADDRESS 4409 SHILOH LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D ☐ DELETE
NAME BROWN, VIRGIL P
STREET ADDRESS 2360 BAL HARBOUR TERR
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ DELETE
NAME YOUNG, WM. ROBERT
STREET ADDRESS 400-C JULIA ST.
CITY-ST-ZIP TITUSVILLE FL 32796-3523

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME DAVID C WILKINSON
1.3 STREET ADDRESS PO BOX 161
1.4 CITY-ST-ZIP EAST PALATKA FL 32131

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME WAYNE E PARKS
2.3 STREET ADDRESS 1004 NIN ST
2.4 CITY-ST-ZIP ORLANDO FL 32835

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

Wm Robert Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 **407/383-1530**
Date Daytime Phone #

CR2E037 (11/98)