2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90057 005 ****61.25

DOCUMENT # C10366

1. Entity Name

MOST EXCELLENT GRAND CHAPTER OF ROYAL ARCH MASONS OF FLORIDA

Principal Place of Business	Mailing Address
400- C JULIA TITUSVILLE FL 32796-3523 US	400-C JULIA TITUSVILLE FL 32796-3523 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Same As Above	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOUNG, WM. ROBERT 400-C JULIA ST. TITUSVILLE FL 32796	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, DUANE B. 141 SHADOW LANE LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William F Wyllie 2404 Cleveland Heights BLVD Lakeland FL 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, WM. ROBERT 400-C JULIA ST. TITUSVILLE FL 32796-3523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEELE, STEVEN Q 508 LAVILLA DRIVE MIAMI SPRINGS FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALMAND, H. WARREN JR 2842 MAGNOLIA BLOSSEOM LN MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, GLENN E 5360 REDRAS ST JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Wm Robert Young Wm Robert Young 1/28/04 321/383-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #