2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2005 8:00 am DOCUMENT # C10366 **Secretary of State** 1. Entity Name 03-08-2005 90161 005 ****61.25 MOST EXCELLENT GRAND CHAPTER OF ROYAL ARCH MASONS OF FLORIDA Principal Place of Business Mailing Address TITUSVILLE FL 32796-3523 TITU\$VILLE FL 32796-3523 2. Principal Place of Business 3. Mailing Address 490 Garden 490 Garden Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Suire Applied For City & State 4. FEI Number City & State 59-0246708 TITUSVILL Not Applicable ΤΙΤΙΟ \$8.75 Additional 5. Certificate of Status Desired 32796-2856 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, WM. ROBERT Street Address (P.O. Box Number is Not Acceptable) 400-C JULIA ST. TITUSVILLE FL 32796 City Zip Code TUSVILLE 3)791-2856 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. P. BROWN, UR Grand (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to: Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Delete TITLE Change ☐ Addition YOUNG, DUANE B. NAME NAME 141 SHADOW LANE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP Secretary VIRGIL P. BROWN FR. 490 Garden St. 'Skith A ☐ Change ✓ Addition TITLE TITLE Delete YOUNG, WM. ROBERT NAME NAME 400-C JULIA ST. STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32796-3523 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THE ☐ Delete WYLLIE, WILLIAM F NAME 2404 CLEVELAND HEIGHTS BLVD STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE PADRON, MICHAEL A. ALMAND, H. WARREN JR NAME 2842 MAGNOLIA BLOSSEOM LN P.O. BOX 5402 STREET ADDRESS STREET ADDRESS MARIANNA FL 32446 CITY-ST-ZIP CITY-ST-7IP 33045 ~5402 ☐ Change ☐ Addition TITLE TITLE Detete CHANDLER, GLENN E NAME NAME 5360 REDRAS ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-S1-7IP 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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE:

FILED