


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90027 032 \*\*\*\*70.00

<b>DOCUMENT # C10382</b> 1. Entity Name <b>EDEN CHAPTER NO. 63 ROYAL ARCH MASONS</b>					
Principal Place of Business <b>6319 LOUISANNA AVE. NEW PORT RICHEY, FL 34656-0971 US</b>			Mailing Address <b>10418 FLAGSHIP AVENUE PORT RICHEY, FL 34668</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROBINSON, DON 10418 FLAGSHIP AVENUE PORT RICHEY, FL 34668</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PD SLACK, FRED 11151 BROOKLAWN DR HUDSON, FL 34667</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PD CICERO, CHARLES 4124 RACCOON LOOP NEW PORT RICHEY, FL 34653</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V CICERO, CHARLES 4124 RACCOON LOOP NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V LUDG, LEO 7110 WAX LEAF COURT PORT RICHEY, FL 34668</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>S ROBINSON, DON 10418 FLAGSHIP AVENUE PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D GRILLO, SALVATORE 7241 DOGLEG CT PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>T DEROBERTS, LUKE 10347 STATE ROAD 52 HUDSON, FL 34669</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D RUBY, LAWRENCE 7703 RADCLIFFE CIR PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SIGNATURE: <u>Don Robinson</u> DON ROBINSON</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 45%; text-align: right;"> <b>MAR 14 2007 (727) 819-8543</b>  <small>Date Daytime Phone #</small> </div> </div>					

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02142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2700455** Applied For  
Not Applicable

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