

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90559 044 ****61.25

DOCUMENT # C10382

1. Entity Name

EDEN CHAPTER NO. 63 ROYAL ARCH MASONS



Principal Place of Business

**6319 LOUISANNA AVE.
NEW PORT RICHEY FL 34656-0971
US**

Mailing Address

**DE ROBERTS
10347 STATE RD 52
PORT RICHEY FL 34669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2700455**

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

**DEROBERTS, LUKE
10347 STATE RD 52
PORT RICHEY FL 34669**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **BERRYHILL, WAYNE**
STREET ADDRESS **10365 OSCEOLA DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **P** ☒ Change ☒ Addition
NAME **Clegg, W. NORMAN**
STREET ADDRESS **6809 GARDEN DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☒ Delete
NAME **JODION, WILFRED**
STREET ADDRESS **7210 ACTOR DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652-1608**

TITLE **D** ☒ Change ☐ Addition
NAME **BERRYHILL, WAYNE**
STREET ADDRESS **10365 OSCEOLA DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **S** ☐ Delete
NAME **DEROBERTS, LUKE J**
STREET ADDRESS **10347 SR 52**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **V** ☐ Change ☒ Addition
NAME **Donald Robinson**
STREET ADDRESS **10418 FLAGSHIP AV.**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **VD** ☒ Delete
NAME **COX, CHARLIE T**
STREET ADDRESS **7920 PUTNAM CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROBERTS, HERBERT C**
STREET ADDRESS **12637 SHADOW RIDGE BLVD**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KING, DONALD H**
STREET ADDRESS **11046 CAPTAIN DR**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Registered Agent **REQUIRED**

1-14-03

127-856-2131

CR2E037 (10/02)