

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **C10430** (2)

1. Corporation Name

**ST. JOHNS CHAPTER NO. 4, ROYAL ARCH MASONS**

Principal Place of Business

Mailing Address

2111 N SPRING GARDEN AVENUE  
DELAND FL 32720

% F.R. YOUNG  
623 CHERRY TREE LANE  
DELAND FL 32724-7504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1953** 3a. Date of Last Report **07/20/1994**

4. FEI Number: **59-3037115** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, FREDERICK R  
623 CHERRY TREE LANE  
DELAND FL 32724

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CANFIELD, HESTEL O.  
STREET ADDRESS 765 NORTH BOUNDARY AVENUE  
CITY-ST-ZIP DELAND FL

1.1 TITLE D  Change  Addition  
1.2 NAME COMBS, John A.  
1.3 STREET ADDRESS 24016 E. Hobcat Rd.  
1.4 CITY-ST-ZIP Astor, FL 32102

TITLE D  
NAME EBERT, ARTHUR C.  
STREET ADDRESS 980 DELTONA BOULEVARD  
CITY-ST-ZIP DELTONA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 32725

TITLE D  
NAME SCHUCK, WILLIAM  
STREET ADDRESS 728 NORTH FLORIDA AVENUE  
CITY-ST-ZIP DELAND FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 32720

TITLE T  
NAME MULLER, JOHN W  
STREET ADDRESS 708C E MINNESOTA AVE  
CITY-ST-ZIP DELAND FL 32724

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

TITLE S  
NAME YOUNG, FREDERICK R.  
STREET ADDRESS 623 CHERRY TREE LANE  
CITY-ST-ZIP DELAND FL 32724-7504

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with my address.

SIGNATURE:

Frederick R. Young

March 7, 1995

(904) 736-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #