

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # C10430 (2)

1. Corporation Name  
ST. JOHNS CHAPTER NO. 4, ROYAL ARCH MASONS



Principal Place of Business: 2111 N SPRING GARDEN AVENUE, DELAND FL 32720  
Mailing Address: % F.R. YOUNG, 623 CHERRY TREE LANE, DELAND FL 32724-7504

3. Date Incorporated or Qualified: 06/15/1953  
3a. Date of Last Report: 03/15/1995  
4. FEI Number: 59-3037115  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent: YOUNG, FREDERICK R, 623 CHERRY TREE LANE, DELAND FL 32724  
10. Name and Address of New Registered Agent: 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: COMBS, JOHN A STREET ADDRESS: 24016 E. BOBCAT RD. CITY-ST-ZIP: ASTOR FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: EBERT, ARTHUR C. STREET ADDRESS: 960 DELTONA BOULEVARD CITY-ST-ZIP: DELTONA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME: Van Ness, Pete 2.3 STREET ADDRESS: 229 S. Blue Lake Ave. 2.4 CITY-ST-ZIP: De Land, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SCHUCK, WILLIAM STREET ADDRESS: 726 NORTH FLORIDA AVENUE CITY-ST-ZIP: DELAND FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MULLER, JOHN W STREET ADDRESS: 708C E MINNESOTA AVE CITY-ST-ZIP: DELAND FL 32724	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: YOUNG, FREDERICK R. STREET ADDRESS: 623 CHERRY TREE LANE CITY-ST-ZIP: DELAND FL 32724-7504	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frederick R. YOUNG (with signature) Feb. 6, 1996 (904) 736-7410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)