

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

**FILED**  
**Feb 04 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address

**2111 N SPRING GARDEN AVENUE  
 DELAND FL 32720**

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

3. Date Incorporated or Qualified **06/15/1953** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business 2a. Mailing Address

**21 2557 N. Spring Garden Ave** **26 c/o B. G. COLE**  
**643 N. Stone Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**22** **27**

City & State City & State

**23 DeLand, Florida** **28 DeLand, Florida**

Zip Country Zip Country

**24 32720** **25** **29 32720** **30**

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**

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

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 COLE, BERNARD G.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 643 North Stone Street**  
**83**  
**84 City DeLand FL 85 Zip Code 32720**

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 617.0505, Florida Statutes.

SIGNATURE **Bernard G. Cole, Secretary** *Bernard G. Cole* **1-27-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COMBS, JOHN A</b>	
STREET ADDRESS	<b>24016 E. BOBCAT RD.</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN NESS, PETE</b>	
STREET ADDRESS	<b>229 S BLUE LAKE AVENUE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHUCK, WILLIAM</b>	
STREET ADDRESS	<b>726 NORTH FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLER, JOHN W</b>	
STREET ADDRESS	<b>708C E MINNESOTA AVE</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YOUNG, FREDERICK R.</b>	
STREET ADDRESS	<b>623 CHERRY TREE LANE</b>	
CITY-ST-ZIP	<b>DELAND FL 32724-7504</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>COLE, BERNARD G.</b>
5.3 STREET ADDRESS	<b>643 N. Stone Street</b>
5.4 CITY-ST-ZIP	<b>DeLand, Florida 32720</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bernard G. Cole* **BERNARD G. COLE** **SECRETARY** **1/27/97** **904 734-4074**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0015535

CR2E037 (9/96)