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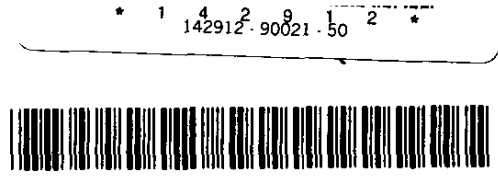
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10430

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

Principal Place of Business 2557 N. SPRING GARDEN AVE. DELAND FL 32720 US	Mailing Address C/O RON FRITCH P.O. BOX 1206 DELAND FL 32721-1206 US
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 1206	3. Date Incorporated or Qualified 06/15/1953
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3037115
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FRITCH, RONALD J SECY 1420 E. EUCLID AVE 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 Ronald J. Fritch, Secy Ronald J Fritch Jan. 13, 1999
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 COMBS, JOHN A	1.1 TITLE	1.2 NAME
STREET ADDRESS 24016 E. BOBCAT RD.	CITY-ST-ZIP ASTOR FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE D	NAME VAN NESS, PETE	2.1 TITLE	2.2 NAME
STREET ADDRESS 229 S BLUE LAKE AVENUE	CITY-ST-ZIP DELAND FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME SCHUCK, WILLIAM	3.1 TITLE	3.2 NAME
STREET ADDRESS 726 NORTH FLORIDA AVENUE	CITY-ST-ZIP DELAND FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE T	NAME MULLER, JOHN W	4.1 TITLE	4.2 NAME
STREET ADDRESS 708C E MINNESOTA AVE	CITY-ST-ZIP DELAND FL 32724	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE S	NAME FRITCH, RONALD J	5.1 TITLE	5.2 NAME
STREET ADDRESS 1420 E EUCLID AVE	CITY-ST-ZIP DELAND FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Ronald J Fritch Ronald J Fritch 1/13/99 (904) 238-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)