

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90019 049 ****61.25

DOCUMENT # C10430

1. Entity Name

ST. JOHNS CHAPTER NO. 4, ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

2557 N. SPRING GARDEN AVE.
 DELAND FL 32721
 US

C/O RON FRITCH
 PO BOX 681
 DELAND FL 32721-0681
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3037115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRITCH, RONALD J SECY
1420 E. EUCLID AVE
DELAND FL 32724

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.

SIGNATURE

Ronald J Fritch, Secy.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, PAUL	
STREET ADDRESS	812 W. CHURCH SE.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN NESS, PETE	
STREET ADDRESS	229 S BLUE LAKE AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUCK, WILLIAM	
STREET ADDRESS	726 NORTH FLORIDA AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULLER, JOHN W	
STREET ADDRESS	708C E MINNESOTA AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRITCH, RONALD J	
STREET ADDRESS	1420 E EUCLID AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete Add
NAME	Frederick Schuetz	
STREET ADDRESS	1418 Douglas Ave	
CITY-ST-ZIP	DeLand FL 32720	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Combs	
STREET ADDRESS	24016 Bobcat Rd	
CITY-ST-ZIP	Astor, FL 32102-2616	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hestel Canfield	
STREET ADDRESS	129 Rabun Ct	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald J Fritch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

386-738-4323

Daytime Phone #

CFR2E037 (9/01)