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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10440

1. Corporation Name

POINCIANA CHAPTER NO. 50 ROYAL ARCH MASONS

Principal Place of Business	Mailing Address
41 WILLIS ROAD N FT MYERS FL 33917 US	POINCIANA CHAPTER NO 50 ROYAL ARCH MASONS P O BOX 6354 FT MYERS FL 33911 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/15/1953
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 52-2044508 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUNG, W R 400-C JULIA ST TITUSVILLE FL 32796	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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	FISH, LEWIS F	1.2 NAME	KUCHLING, PETER M.
STREET ADDRESS	1544 LINDALE CIR	1.3 STREET ADDRESS	2730 NE, 20th CT.
CITY-ST-ZIP	LEHIGH ACRES FL 33936-5868	1.4 CITY-ST-ZIP	CAPE CORAL, FL, 33909-4562
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STAUSS, EARNEST G	2.2 NAME	
STREET ADDRESS	149 BLUE BEARD DR, BUCCANEER ESTATES	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33917-2911	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, WILLIAM E	3.2 NAME	
STREET ADDRESS	2230 CHANDLER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907-4213	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTMAN, GUY	4.2 NAME	
STREET ADDRESS	314 GREENWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972-5131	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOGG, JAMES W	5.2 NAME	
STREET ADDRESS	1519 SADDLE WOODE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] REQUIRED 01/10/99 (941) 369-7992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)