

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10445** (0)

1. Corporation Name

**PUTNAM CHAPTER NO. 9, ROYAL ARCH MASONS**



Principal Place of Business: 1334 CRILL AVE. PALATKA FL 32177  
Mailing Address: P. O. BOX 198 2294 PALATKA FL 32178-2294 US

3. Date Incorporated or Qualified: 06/15/1953  
3a. Date of Last Report: 02/15/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1830756	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, RALPH A JR 1612 BETH DRIVE GREEN COVE SPRINGS FL 32043	81. Name: BUCK, WILLIAM L. JR. 82. Street Address (P.O. Box Number is Not Acceptable): 1307 SOUTH 14TH ST. 83. City: PALATKA FL 85. Zip Code: 32177

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: *William L. Buck Jr.* WILLIAM L. BUCK, JR., SEC'Y DATE: 2-17-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: JOHANAN, EDWARD S.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: RT. 1 BOX 613	CITY-ST-ZIP: SATSUMA FL 32189	1.2 NAME:	
TITLE: D	NAME: WALKER, KENNETH E.	1.3 STREET ADDRESS:	
STREET ADDRESS: RT. 2 BOX 483-B	CITY-ST-ZIP: INTERLACHEN FL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: LAW, GRADY B.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1804 COLONIAL DR.	CITY-ST-ZIP: GREEN COVE SPRINGS FL	2.2 NAME:	
TITLE: T	NAME: CUSTEAD, PAUL A.	2.3 STREET ADDRESS:	
STREET ADDRESS: RT 3 BOX 180	CITY-ST-ZIP: INTERLACHEN FL	2.4 CITY-ST-ZIP:	
TITLE: S	NAME: JONES, RALPH A JR	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1612 BETH DR	CITY-ST-ZIP: GREEN COVE SPRGS FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	SECRETARY
TITLE:	NAME:	5.3 STREET ADDRESS:	BUCK, WILLIAM L. JR.
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	1307 SOUTH 14TH ST.
TITLE:	NAME:	6.1 TITLE:	PALATKA, FL 32177
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

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: *William L. Buck Jr.* WILLIAM L. BUCK JR., DATE: 2-17-96 DAYTIME PHONE: 904-325-4981

CR2E037 (12/95)