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02-25-1999 90055 041 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # C10445

1. Corporation Name

PUTNAM CHAPTER NO. 9, ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

1334 CRILL AVE.
 PALATKA FL 32177

P.O. BOX 2294
 PALATKA FL 32178-2294
 US



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 06/15/1953 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1830756 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | | |
| 24 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

BUCK, WILLIAM L JR
 1307 SOUTH 14TH STREET
 PALATKA FL 32177

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHANAN, EDWARD S. | 1.2 NAME | |
| STREET ADDRESS | RT. 1 BOX 613 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SATSUMA FL 32189 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, KENNETH E. | 2.2 NAME | Thomas H. Stephenson |
| STREET ADDRESS | RT. 2 BOX 483-B | 2.3 STREET ADDRESS | 263 East River Road |
| CITY-ST-ZIP | INTERLACHEN FL | 2.4 CITY-ST-ZIP | East Palatka, FL 32131 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAW, GRADY B. | 3.2 NAME | Kenneth L. Lowery |
| STREET ADDRESS | 1804 COLONIAL DR. | 3.3 STREET ADDRESS | 3212 Ellen Court |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | 3.4 CITY-ST-ZIP | Middleburg, FL 32068 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUSTEAD, PAUL A | 4.2 NAME | William E. Darden, Jr. |
| STREET ADDRESS | RT 3 BOX 160 | 4.3 STREET ADDRESS | 1120 Westover Drive |
| CITY-ST-ZIP | INTERLACHEN FL | 4.4 CITY-ST-ZIP | Palatka, FL 32177 |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUCK, WILLIAM L JR | 5.2 NAME | |
| STREET ADDRESS | 1307 SOUTH 14TH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALATKA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *William L. Buck* **SIGNATURE REQUIRED** 26 JAN. '99 904-328-2210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)