

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90016 031 ****61.25

DOCUMENT # C10445

1. Entity Name

PUTNAM CHAPTER NO. 9, ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

1334 GRILL AVE.
 PALATKA FL 32177

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

AU020470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1830756

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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** Delete
 NAME **JOHANAN, EDWARD S.**
 STREET ADDRESS **RT. 1 BOX 613**
 CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **D** Change
 NAME **Hawkins, Willis J**
 STREET ADDRESS **HC 1 Box 479**
 CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **D** Delete
 NAME **STEPHENSON, THOMAS H**
 STREET ADDRESS **263 EAST RIVER ROAD**
 CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LOWERY, KENNETH L**
 STREET ADDRESS **3212 ELLEN COURT**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **DARDEN, WILLIAM E JR**
 STREET ADDRESS **1120 WESTOVER DRIVE**
 CITY-ST-ZIP **PALATKA FL 32117**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BUCK, WILLIAM L JR**
 STREET ADDRESS **1307 SOUTH 14TH STREET**
 CITY-ST-ZIP **PALATKA FL**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William L. Buck, Jr.* **William L. Buck, Jr.** 02/07/00 904-328-7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #