## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90022 050 \*\*\*\*70.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # C9300000021

1. Corporation Name

KEYSTONE CHAPTER NO. 20, ROYAL ARCH MASONS

Principal Plac	e of Business	Mailing Address			A SERVER LANG LANGE SHIFT SELLY SELL	1 <b>22</b> (1) <b>23</b> (1) <b>1</b>	6113 88111 8811 <b>8</b> 3 <b>188</b> 3	1681 1886
WILLIAM D. SPIKER 1546 N.E. 17TH WAY FT.LAUDERDALE FL 33304-1335		WILLIAM D. SPIKER 1546 N.E. 17TH WAY FT.LAUDERDALE FL 33304-1335						
		To- no W Address			Date Incorporated or Qualifed	<del></del>	<u> </u>	-
2. Principal Place of Business		2a. Mailing Address			06/15/1953			
21		Suite, Apt. #, etc.		<del></del>	4. FEI Number		Applie	
Suite, Apt. #, etc.		27			59-0623887			pplicable
City & State		City & State		5. Certifcate of Status Desired	X	\$8.75 Add Fee Requ		
Zin Country		28 Zin	Zip Country		6. Election Campaign Financing	-	\$5.00 Ma	y Be
Zip		29 30			Trust Fund Contribution		Added to Fees	
24	9. Name and Address of Curre	A 0	·		10. Name and Address of New	Registered	I Agent	<del></del>
	or regime and processes of	A STATE OF THE STA	81	Name	P			]
SPIKER, WILLIAM D				Street Add	ress (P.O. Box Number is Not Accept	able).		
1546 N.E. 17TH WAY			83					
FORT LAUDERDALE FL 33304-1335					<u> </u>		85 Zip Co	
				City	*	FI		141.441
11. Pursuan office or agent. I	nt to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid	the above horized by da Statutes	re-named corp the corporations.	poration submits this statement for the ion's board of directors. I hereby acce	to state again	of changing its re ointment as regis	gistered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: F	Registered Age	nt signature requin	ed when reinstating)	DATE	NID DIRECTOR	S IN 12
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS	Change	Addition
TITLE	D	☐ DELETE	1,1 TITLE			,	Citalige	
NAME	LARGE, JACK M		1.2 NAME	1				
STREET ADDRES	ARREST COMP CERET			ET ADDRESS	- ಇನ್ನಡ್ಡಿಕ್ ಸ್ಟ್ -	•		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY	ST-ZIP		<del>,</del>	☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TTLE		•	٠.	,	· ·
NAME	SHORTEL, MIKE C		2.2 NAME	1				
STREET ADDRES	ss 3041 S.W. 22ND STREET	×**		ET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	DELETE	2.4 CITY- 3.1 TITLE			-	☐ Change	Addition
TITLE	D		3.2 NAME					
NAME	GREEN, WILLIAM W ss 11729 N.W. 37TH STREET	•	1	ET ADDRESS	1			** .
STREET ADORE	SUNRISE FL 33323		3.4. CITY					<b></b>
CITY-ST-ZIP	T	☐ DELETE	4.1 TITLE				Change	Addition Addition
TITLE	ARTEAGA, MIGUEL		4, 2 NAM	E	water of the first	4.2.3.3.3.3.5.3.5.3.5.3.5.3.5.3.5.3.5.3.5		57386
NAME STREET ADDRE	TOAT TEVAN TOAH		4.3 STRE	ET ADDRESS				T. F. [15] Mars 20
CITY-ST-ZIP	BOCA RATON FL 33021		4,4 CITY	-ST-ZIP	4, 4,	可能性器	☐ Change	☐ Addition

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.

5.1 TITLE

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SPIKER, WILLIAM D

1546 N.E. 17TH WAY

FORT LAUDERDALE FL 33304

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Addition

Change

Change