

DOCUMENT # C93000000021

1. Entity Name

KEYSTONE CHAPTER NO. 20, ROYAL ARCH MASONS

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90072 039 ****70.00

Principal Place of Business

WILLIAM D. SPIKER
1546 N.E. 17TH WAY
FT. LAUDERDALE FL 33304-1335

Mailing Address

WILLIAM D. SPIKER
1546 N.E. 17TH WAY
FT. LAUDERDALE FL 33304-1335

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0623887

Applied For

Not Applicable

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

SPIKER, WILLIAM D
1546 N.E. 17TH WAY
FORT LAUDERDALE FL 33304-1335

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:
FEI 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LARGE, JACK M	
STREET ADDRESS	2260 N.E. 62ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORTELL, MIKE C	
STREET ADDRESS	3041 S.W. 22ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, WILLIAM W	
STREET ADDRESS	11729 N.W. 37TH STREET	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARTEAGA, MIGUEL	
STREET ADDRESS	7337 TEXAS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPIKER, WILLIAM D	
STREET ADDRESS	1546 N.E. 17TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)