2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C93000000021

FILED Mar 08, 2009 Secretary of State

Entity Name: KEYSTONE CHAPTER NO. 20, ROYAL ARCH MASONS

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
565 NE 42	/ HAWKINS LC 2 COURT JDERDALE, FI				
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
1546 N.E.	D. SPIKER 17TH WAY ERDALE, FL 3:	33041335			
FEI Number	: 59-0623887	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1546 N.E. FORT LAI		_ 333041335 US	nurnose of changing its register	ed office or registered agent, or both,	
	e of Florida.	domina this statement for the	purpose or changing its register	ed office of registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ac	gent	Date	
	21000101		,	24.0	
OFFICER	S AND DIREC	TORS:		SES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip:	S AND DIREC	Delete AVE			
Title: Name: Address:	D () KING, SYDNEY 2111 NW 76TH MARGATE, FL D () MEYER, EMIL: 6300 NW 20TH	Delete AVE 33063 Delete SKIP	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () KING, SYDNEY 2111 NW 76TH MARGATE, FL D () MEYER, EMIL: 6300 NW 20TH POMPANO BEA	Delete AVE 33063 Delete SKIP STREET ACH, FL 330632315 Delete UTHONY V	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. SPIKER S 03/08/2009