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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 710956

1. Corporation Name

ROYAL PALM MASONIC LODGE #512, INC.

Principal Place of Business

3314 APACHEE ST
FT. MYERS FL 33916

Mailing Address

3314 APACHEE ST
FT. MYERS FL 33916

2. Principal Place of Business

21 2004 FOUNTAIN ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 2244

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/31/1988

4. FEI Number

23-7379889

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

RADCLIFF, CARL
3314 APACHEE ST
FT. MYERS FL 33916

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent Signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

15. SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Please note that the mailing address has been changed from P.O. Box 2214, Ft. Myers,
FL The new mailing address is P.O. Box 74, Lough Acres, FL 33970