

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10370

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CLEARWATER CHAPTER NO. 45, ROYAL ARCH MASONS

**Current Principal Place of Business:**

1297 MICHIGAN BLVD.  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 253  
DUNEDIN, FL 346979253

**New Mailing Address:**

PO BOX 253  
DUNEDIN, FL 346979253 US

**FEI Number:** 23-7591095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOIR, BRUCE S  
2912 EDENWOOD ST  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MOIR, BRUCE S  
Address: 2912 EDENWOOD ST  
City-St-Zip: CLEARWATER, FL 33759 US

Title: D ( ) Delete  
Name: CICERO, CHARLES  
Address: 4124 RACoon LOOP ROAD  
City-St-Zip: NEW PORT RICHEY, FL 346536541 US

Title: T ( ) Delete  
Name: DAVIS, BRUCE L  
Address: 11050 111TH ST N  
City-St-Zip: LARGO, FL 33778

Title: HP ( ) Delete  
Name: SUTTON, EDWARD M  
Address: 3625 ELFERS PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: KELFRYN, JAMES  
Address: 1033 MISSY NOLLOW LANE  
City-St-Zip: TARPON SPRINGS, FL 346899226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SUTTON, EDWARD M  
Address: 3625 ELFERS PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change ( ) Addition  
Name: LA FOLLETTE, MICHAEL E  
Address: 408 ORANGEVIEW AVE  
City-St-Zip: CLEARWATER, FL 33755

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: BRUCE S MOIR

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date