FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10373 (4)

1. Corporation Name
JACKSONVILLE CHAPTER NO. 12, ROYAL ARCH MASONS

Principal Place of Business	Mailing Address
1237 S MCDUFF AVE JACKSONVILLE FL 32205	1237 S MCDUFF AVE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1738720 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRINGTON, WENDELL D
1237 S MCDUFF AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PARTRIDGE, GEORGE F.	1.2 NAME	
STREET ADDRESS	3474 TRAILRIDGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, GLENN E	2.2 NAME	
STREET ADDRESS	5360 REDRAL STR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	WETMORE, ALFRED H	3.2 NAME	D HAMMOND, WALTER M
STREET ADDRESS	1850 ALBERTA CT N	3.3 STREET ADDRESS	5538 NOTTIS RD NORTH
CITY-ST-ZIP	MIDDLEBURG FL 32068	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOSEPH J	4.2 NAME	
STREET ADDRESS	1110 E 13TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☒ Change ☐ Addition
NAME	HAMMOND, WALTER M.	5.2 NAME	S ADAMS, VERNON E.
STREET ADDRESS	1237 S MCDUFF AVE	5.3 STREET ADDRESS	5869 110TH ST
CITY-ST-ZIP	JACKSONVILLE FL 32205	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	4/24/95 REMITTED BY MAY 1
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Vernon E. Adams VERNON E. ADAMS SEC/REC 4/25/95 904 389 0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024838