

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # C10373 (4)

1. Corporation Name

JACKSONVILLE CHAPTER NO. 12, ROYAL ARCH MASONS



Principal Place of Business

1237 S MCDUFF AVE  
JACKSONVILLE FL 32205

Mailing Address

1237 S MCDUFF AVE  
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified  
06/15/1953

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRINGTON, WENDELL D  
1237 S MCDUFF AVE  
JACKSONVILLE FL 32205

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 617.0502 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 617.0503, Florida Statutes.

SIGNATURE *Wendell D Harrington*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
PARTRIDGE, GEORGE F.  
3474 TRAILRIDGE RD  
MIDDLEBURG FL 32068 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
CHANDLER, GLENN E  
5360 REDRAL STR  
JACKSONVILLE FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
HAMMOND, WALTER M.  
5529 NETTLE ROAD  
JACKSONVILLE FL 32207 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
JOHNSON, JOSEPH J  
1110 E 13TH ST  
JACKSONVILLE FL 32206 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
ADAMS, VERNON E  
5859 110TH ST.  
JACKSONVILLE FL 32244 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME FERRELL, WILLIAM (N)  
1.3 STREET ADDRESS 4654 LONG BOW RD.  
1.4 CITY-ST-ZIP JACKSONVILLE FL. 32210-8144

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 8, 1996  
Date Daytime Phone #

CR2E037 (12/95)