

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
237 S MCDUFF AVE 1237 S MCDUFF AVE
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205-8050

3. Date Incorporated or Qualified 06/15/1953 3a. Date of Last Report 04/11/1996
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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME FERRELL, WILLIAM (N) STREET ADDRESS 4854 LONG BOW RD CITY - ST - ZIP JACKSONVILLE FL 32210-8144	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CHANDLER, GLENN E STREET ADDRESS 5360 REDRAL STR CITY - ST - ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME RUSS, JR. ALBERT B. 2.3 STREET ADDRESS 8118 SABAL OAK LN. 2.4 CITY - ST - ZIP JACKSONVILLE FL 32256-7330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HAMMOND, WALTER M. STREET ADDRESS 5529 NETTLE ROAD CITY - ST - ZIP JACKSONVILLE FL 32207	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME JOHNSON, JOSEPH J STREET ADDRESS 1110 E 13TH ST CITY - ST - ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ADAMS, VERNON E STREET ADDRESS 5859 110TH ST. CITY - ST - ZIP JACKSONVILLE FL 32244	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 2/3/97 904-771-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004847

CR2E037 (9/96)