FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

JACKSONVILLE CHAPTER NO. 12, ROYAL ARCH MASONS

Principal Place of Business Mailing Address							il Diffit Bibli ibbl		
1237 S MCDUFF AVE 1237 S MCDUFF AVE JACKSONVILLE FL 32205 JACKSONVILLE FL			05			3. Date Incorporated or Qualified 06/15/1953			
						4. FEI Number		Applied For	
						59-1738720		Not Applicable	
2. Principal Place of Business		2a. Mailing Address 26	26			5. Certificate of Status Desired	T	5 Additional Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fe <u>es</u>	
City & State		City & State	28			.7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip 29	Coun	try		8. This corporation owes or has paid Personal Property Tax due June 30		Intangible	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regi	stered Agent		
			18	31 Nan	ne				
HARRINGTON, WENDELL D 1237 S MCDUFF AVE				32 Stre	et Addres	ress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32205				33					
			8	4 City			FL 85 Z	ip 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 Apricable. (NOTE: Registered Agent signature required when reinstating)							DATE DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITL				☐ Chang	e Addition	
NAME	FERRELL, WILLIAM (N)		1.2 NAM	1.2 NAME					
STREET ADDRESS	4654 LONG BOW RD JACKSONVILLE FL 32210-8144			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D DELETE		_	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Chang	e Addition	
NAME	RUSS, ALBERT B JR.		2.3 HILL 2.2 NAM				El cuan	e L Addition	
STREET ADDRESS	8118 SABAL OAK LN			ET ADDRES	.				
CITY-ST-ZIP	JACKSONVILLE FL 32256-733	n		:E1 AUDRES /-ST-ZIP	8				
TITLE	D	Z/LDELETE	3,1 TITLE		D		Chang	e X Addition	
NAME	HAMMOND, WALTER M.		3.2 NAM			NTER, HAROLD E. J			
STREET ADDRESS	5529 NETTLE ROAD		3.3 STRE	ET ADDRES		4 SHORTRIDGE CT.			
CITY-ST-ŽIP	JACKSONVILLE FL 32207		3.4. CITY	-ST-ZIP		ANGE PARK, FL. 32	065 576	7	
TITLE	Ť	☐ DELETE	4,1 TITLE		1 2		☐ Chang		
NAME	JOHNSON, JOSEPH J		4. 2 NAM	!E					
STREET ADDRESS	1110 E 13TH ST		4.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	JACKSONVILLE FL 32206		4.4 CiTY	-ST-ZIP					
TITLE	S	₩ DELETE	5.1 TITLE		S		Chang	e Addition	
NAME	ADAMS, VERNON E	-	5.2 NAM	E	REA	ASOR, SAMUEL D.			
STREET ADDRESS	5859 110TH ST.		5,3 STRE	et addres	_				
CITY - ST - ZIP	JACKSONVILLE FL 32244		5.4 CITY	-ST-ZIP	JJAC	71 DEAUVILLE ROAD KSONVILLE ,FL. 32	205		

14. I 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 charged, or on an attachment with an address?

6.2 NAME

6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS

DELETE

FILED

Jan 21 1998 8:00am

Secretary of State