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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10373**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/15/1953
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1738720
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

☐ DELETE

TITLE **D**
NAME **FERRELL, WILLIAM (N)**
STREET ADDRESS **4654 LONG BOW RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210-8144**

TITLE **D**
NAME **RUSS, ALBERT B JR.**
STREET ADDRESS **8118 SABAL OAK LN**
CITY-ST-ZIP **JACKSONVILLE FL 32256-7330**

TITLE **D**
NAME **HUNTER, HAROLD E JR**
STREET ADDRESS **934 SHORTRIDGE CT**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **T**
NAME **JOHNSON, JOSEPH J**
STREET ADDRESS **1110 E 13TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **S**
NAME **REASOR, SAMUEL D**
STREET ADDRESS **6971 DEAUVILLE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D**
NAME **FERRELL, WILLIAM (N)**
STREET ADDRESS **4654 LONG BOW RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210-8144**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 1999 389-0792
Date Daytime Phone #

0004538

CR2E037 (11/98)