

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10373

1. Entity 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 32205-8050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1738720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRINGTON, WENDELL D
1237 S MCDUFF AVE
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☐ Addition
NAME D'ANGINA, DARRYL A
STREET ADDRESS 3146 LAUREL GROVES
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☒ Change ☐ Addition
NAME WILMER T. ATWELL
STREET ADDRESS 10353 DE PAUL DR
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE S ☒ Change ☐ Addition
NAME HAMMOND, WALTER M.
STREET ADDRESS 1237 S. MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL 32205-8050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTER M. HAMMOND 2-22-2000 389-0792

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90065 001 ***183.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)