

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 047 ****61.25

DOCUMENT # C10378

1. Entity Name
LAKE CITY CHAPTER NO. 38 ROYAL ARCH MASONS



Principal Place of Business
L C LODGE #27
LAKE CITY, FL 32056-1328

Mailing Address
PO BOX 844
LAKE CITY, FL 32056-1328



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1821802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCDAVID, TERRY
~~120 HERNANDO ST~~ 178 SE Hernando Ave.
LAKE CITY, FL ~~32056-1328~~ 32025

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WILLIAM R 209 SE CENTRAL AVE JASPER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JERRY R PO BOX 2602 N/A LAKE CITY, FL 320562602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEECHER, CHARLES E 745 THERESA ST LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, HUGH F PO BOX 844 N/A LAKE CITY, FL 320560844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, E COLON RT 5 BOX 610 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #