2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 08:00 Al ate

	ANNOAL	KEFOKI			0	agreetaury of Ct
1. Entity Nam	MENT # C10378 TY CHAPTER NO. 38 ROYAL	- ARCH MASONS			5	ecretary of St
•	ce of Business	Mailing Address				
L C LODGE #	#27 FL 32056-1328	PO BOX 844 LAKE CITY, FL 32056-1328				
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r,	(q!)					
				01232007	No Chg-NP	CR2E037 (4/06)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		Applied For
•	• •	*	, .	59-182	1802	Not Applicable \$8.75 Additional
		* * 1		5. Certificate	of Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
MCDAVID, TERRY 178 SE HERNANDO AVE				DO	NOT WE	RITE
LAKE CIT	Y, FL 32025			IN.	THIS SPA	ACE
the obliga	a named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or re	gistered agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Registers	ed Agent signature ri	equired when reinstating)		DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND D	IRECTORS				4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, WILLIAM R 209 SE CENTRAL AVE JASPER, FL		,,		Jugogg	0646370 ₀₀₇ 61 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JERRY R PO BOX 2602 N/A LAKE CITY, FL 320562602		٠.	•	03/06/07	-80030-001 9210-2
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D BEECHER, CHARLES E 745 THERESA ST LAKE CITY, FL 32055		,	DO	NOT W	RITE
TITLE	D			INI	TUIC CD	ACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

MOORE, HUGH F

LAKE CITY, FL 320560844

PO BOX 844 N/A

Hugh F. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR