
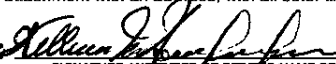


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90027 032 \*\*\*\*61.65

<b>DOCUMENT # C10380</b> 1. Entity Name <b>MELBOURNE, CHAPTER NO: 59, ROYAL ARCH MASONS</b>					
Principal Place of Business <b>1715 AVOCADO MELBOURNE, FL 32935 US</b>			Mailing Address <b>P.O. BOX 3234 MELBOURNE, FL 32902-3234 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2187375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HENDRICKSON, WILLIAM M 150 POINSETTA ST INDIALANTIC, FL 32903</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, ERIC D 2342 LEEWOOD BLVD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schrock, Dayle L. 2820 St James Lane Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHCROCK, DAYLE 2820 ST JAMES LANE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beaudoin, Paul A 1209 Sunwood Drive Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALENTINE, DARRELL 1551 WILMINGTON DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERICKSON, WILLIAM 150 POINTETTA STREET INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EGERTON, JON F 918 FORT STREET NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gladwell, Gene B 230 De Paz Ave Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>William Hendrickson</b> <b>01/15/04</b> <b>321-773-0759</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					