


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 042 ****61.25

DOCUMENT # C10380		
1. Entity Name MELBOURNE, CHAPTER NO. 59, ROYAL ARCH MASONS		

Principal Place of Business 1715 AVOCADO MELBOURNE, FL 32935 US	Mailing Address P.O. BOX 3234 MELBOURNE, FL 32902-3234 US
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50002298



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2187375	Applied For <input type="checkbox"/> Not Applicable
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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	
HENDRICKSON, WILLIAM M 150 POINSETTA ST INDIALANTIC, FL 32903		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, HENRY A			NAME	PANICCA, JOHN		
STREET ADDRESS	605 N. RAMONA AVE			STREET ADDRESS	160 OCEAN OAKS DR.		
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP	INDIALANTIC, FL 32903		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANICCA, JOHN			NAME	EGERTON, JON F		
STREET ADDRESS	160 OCEAN OAKS DR			STREET ADDRESS	918 FORT ST. NW		
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLINGER, CHARLES L			NAME			
STREET ADDRESS	125 ANGELO RD SE			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32909			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERICKSON, WILLIAM			NAME			
STREET ADDRESS	150 POINTETTA STREET			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLADWELL, GENE B			NAME			
STREET ADDRESS	230 DE PAZ AVE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: William M. Hendrickson **William M. Hendrickson** 3/23/08 321-773-0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #