2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# C10380

Entity Name: MELBOURNE, CHAPTER NO. 59, ROYAL ARCH MASONS

Current Principal Place of Business:

1715 AVOCADO
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3234
MELBOURNE, FL 329023234 US

New Mailing Address:

FEI Number: 59-2187375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRICKSON, WILLIAM M
150 POINSETTA ST
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PANICCA, JOHN
Address: 160 OCEAN OAKS DR
City-St-Zip: INDIALANTIC, FL 32903

Title: V ( ) Delete
Name: EGERTON, JON F
Address: 918 FORT ST NW
City-St-Zip: PALM BAY, FL 32907

Title: V ( ) Delete
Name: HOLLINGER, CHARLES L
Address: 125 ANGELO RD SE
City-St-Zip: PALM BAY, FL 32909

Title: S ( ) Delete
Name: HENDERICKSON, WILLIAM
Address: 150 POINTETTA STREET
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete
Name: GLADWELL, GENE B
Address: 230 DE PAZ AVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PANICCA, JOHN
Address: 1963 CATO COURT
City-St-Zip: INDIALANTIC, FL 32903

Title: V (X) Change ( ) Addition
Name: ATCHISON, WADE A
Address: 1849 ONTARIO CIR S.
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: HALL, ERIC D
Address: 2342 LEEWOOD BLVD
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M HENDRICKSON SECY 03/31/2009

Electronic Signature of Signing Officer or Director — Date