FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:09

DOCUMENT # C10382 (5)

1. Corporation Name
EDEN CHAPTER NO. 63 ROYAL ARCH MASONS

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6310 LOUISANNA AVENUE PORT RICHEY FL 34668	7229 BALTUSROL DRIVE NEW PORT RICHEY FL 34654-5902

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2700455 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6319 Louisanna Ave.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 New Port Richey Fl	27
City & State	City & State
23 34656-0971	28
Zip / Country	Zip / Country
24 / 25	29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHINN, H JOHN
7229 BALTUSROL DR
NEW PORT RICHEY FL 34654-5902

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DEROBERTS, LUKE	1.2 NAME	
STREET ADDRESS	10347 STATE RD 52	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	XX Change ☐ Addition
NAME	SCHAEFER, HERMAN J	2.2 NAME	D DONALD M. KING
STREET ADDRESS	5135 SCHOOL RD	2.3 STREET ADDRESS	16124 SEA PINES DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	HUDSON FL. 34667
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PROIES, JOHN	3.2 NAME	
STREET ADDRESS	7810 BLOOMFIELD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SHINN, H JOHN	4.2 NAME	
STREET ADDRESS	7229 BALTUSROL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	DAUGINAS, JOHN K	5.2 NAME	
STREET ADDRESS	7401 BIMINI DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	SHINN, H. JOHN	6.2 NAME	
STREET ADDRESS	7229 BALTUSROL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H John Shinn 1/18/95 842-4620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067834