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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10382** (5)

1. Corporation Name

EDEN CHAPTER NO. 63 ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

**6319 LOUISIANA AVE.
NEW PORT RICHEY FL 34656-0971
US**

**7229 BALTUSROL DRIVE
NEW PORT RICHEY FL 34654-5902**



3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

59-2700455

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

NO CHANGE

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

H John Shinn

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, DONALD H.	
STREET ADDRESS	11046 CAPTAIN DRIVE	
CITY - ST - ZIP	SPRING HILL FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUKE DeROBERTS
1.3 STREET ADDRESS	10347 STATE ROAD 52
1.4 CITY - ST - ZIP	HUDSON FL. 34669

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'DENA, CHARLES B.	
STREET ADDRESS	5918 OITS DRWW	
CITY - ST - ZIP	NEW PORT RICHEY FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ERNEST BACH
2.3 STREET ADDRESS	7421 JOHNSON ROAD
2.4 CITY - ST - ZIP	PORT RICHEY FL. 34668

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANICHI, NICOLA	
STREET ADDRESS	7732 SUE ELLEN DRIVE	
CITY - ST - ZIP	PORT RICHEY FL 34668	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM WDRMAN CLEGG
3.3 STREET ADDRESS	6809 GARDEN DRIVE
3.4 CITY - ST - ZIP	NEW PORT RICHEY 34652

TITLE	T	<input type="checkbox"/> DELETE
NAME	SHINN, H JOHN	
STREET ADDRESS	7229 BALTUSROL DR	
CITY - ST - ZIP	NEW PORT RICHEY FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	same
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERTS, HERBERT C	
STREET ADDRESS	12637 SHADOW RIDGE BLVD	
CITY - ST - ZIP	HUDSON FL 34687	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	same
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PROIES, JOHN	
STREET ADDRESS	7810 BLOOMFIELD DRIVE	
CITY - ST - ZIP	PORT RICHEY FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DONALD H KING
6.3 STREET ADDRESS	11046 CAPTAIN DRIVE
6.4 CITY - ST - ZIP	SPRING HILL FL 34608- 5008

14. 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 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

CR2E037 (10/97)