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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90009 008 \*\*\*\*61.50

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10382**

1. Corporation Name

**EDEN CHAPTER NO. 63 ROYAL ARCH MASONS**

\* 1 2 4 1 2 6 \*  
 124126-90009-8

Principal Place of Business

6319 LOUISANNA AVE.  
 NEW PORT RICHEY FL 34656-0971  
 US

Mailing Address

7229 BALTUSROL DRIVE  
 NEW PORT RICHEY FL 34654-5902



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 AS ABOVE

27 AS ABOVE

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

59-2700455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

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

H JOHN SHINN

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

AS SHOWN AT LEFT UNCHANGED

83

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

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

1/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME DEROBERTS, LUKE  
 STREET ADDRESS 10347 STATE RD 52  
 CITY-ST-ZIP HUDSON FL 34669

1.1 TITLE

☐

Change

Addition

TITLE ☐ DELETE

NAME BACH, ERNEST  
 STREET ADDRESS 7421 JOHNSON RD  
 CITY-ST-ZIP NEW PORT RICHEY FL 34668

2.1 TITLE

☐

Change

Addition

TITLE ☐ DELETE

NAME CLEGG, WILLIAM NORMAN  
 STREET ADDRESS 6809 GARDEN DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

3.1 TITLE

☐

Change

Addition

TITLE ☐ DELETE

NAME SHINN, H JOHN  
 STREET ADDRESS 7229 BALTUSROL DR  
 CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE

☐

Change

Addition

TITLE ☐ DELETE

NAME ROBERTS, HERBERT C  
 STREET ADDRESS 12637 SHADOW RIDGE BLVD  
 CITY-ST-ZIP HUDSON FL 34667

5.1 TITLE

☐

Change

Addition

TITLE ☐ DELETE

NAME KING, DONALD H  
 STREET ADDRESS 11046 CAPTAIN DR  
 CITY-ST-ZIP SPRING HILL FL 34668

6.1 TITLE

☐

Change

Addition

KEITH PRATTT  
 11625 meadow drive  
 port richey fl 34668

NO CHANGE

NO CHANGE

NO CHANGE

NO CHANGE

NO CHANGE

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)