



# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # C10382</b> 1. Entity Name <b>EDEN CHAPTER NO. 63 ROYAL ARCH MASONS</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 FEB 14 PM 1:27</b>			
Principal Place of Business <b>6319 LOUISANNA AVE.          NEW PORT RICHEY, FL 34656-0971 US</b>				Mailing Address <b>DE ROBERTS          10347 STATE RD 52          PORT RICHEY, FL 34669</b>				<b>REINSTATEMENT 04-05</b> 	
2. Principal Place of Business		3. Mailing Address		12282004 REIN-NP		CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2700455</b>		Applied For Not Applicable			
City & State		City & State <b>Port Richey, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip <b>34668</b>	Country <b>U.S.</b>						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DEROBERTS, LUKE 10347 STATE RD 52 PORT RICHEY, FL 34669				Name <b>DON ROBINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>10418 FLAGSHIP AVE.</b> City <b>Port Richey, FL</b> Zip Code <b>34668</b>					
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 <u><i>Don Robinson</i></u> DATE <u>FEBRUARY 11, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGG, NORMAN W 6809 GARDEN DR NEW PORT RICHEY, FL 34652			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SALVADORE GRILL 7241 DOUGLASS CT PORT RICHEY, FL 34668				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERRYHILL, WAYNE 10365 OSCEOLA DR NEW PORT RICHEY, FL 34654			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRED SLACK 11151 BUCKHORN DR HUDSON, FL 34667				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DEROBERTS, LUKE J 10347 SR 52 HUDSON, FL 34669			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DON ROBINSON 10418 FLAGSHIP AVE PORT RICHEY, FL 34668				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ROBINSON, DONALD 10418 FLAGSHIP AVE PORT RICHEY, FL 34668			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONALD KING 10370 SHAWNEE BROOKSVILLE, FL 34614				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete ROBERTS, HERBERT C 12637 SHADOW RIDGE BLVD HUDSON, FL 34667			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUKE DE ROBERTS 10347 STATE RD 52 HUDSON, FL 34669				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KING, DONALD H 11046 CAPTAIN DR SPRING HILL, FL 34608			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100047117421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 02/23/05--01018--007 **306.25				
12. 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 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: <u><i>Fred L. Slack</i></u> <b>FRED L. SLACK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-8-05</u> Daytime Phone # <u>727/862-1205</u>					