

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # C10388

1. Entity Name
**ST. PETERSBURG CHAPTER NO. 31, ROYAL ARCH
MASONS**



Principal Place of Business
**114-4TH ST., SO
ST. PETERSBURG, FL 33731 US**

Mailing Address
**7606 RIDGE RD
APT 102F
SEMINOLE, FL 33772-5237 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7591085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIOTT, DONALD T
7606 RIDGE RD
APT 102F
SEMINOLE, FL 33772**

**DO NOT WRITE
IN THIS SPACE**

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

Donald T. Harriott

Feb 12 2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEST, WILLIAM R 812 ATWOOD AVE N SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIOTT, DONALD T. 7606 RIDGE RD APT 102 F SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKPATRICK, ROBERT G 1846 PENNWOOD CIR WEST CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCMILLAN, RONALD PO BOX 17267 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWTON, RONALD C 6476 EVERGREEN AVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000638822
02/27/07-80027-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Donald T. Harriott

Feb 12 2007 7273937963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD T. HARRIOTT