


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C10388</b> 1. Entity Name <b>ST. PETERSBURG CHAPTER NO. 31, ROYAL ARCH MASONS</b>	
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Principal Place of Business <b>114-4TH ST., SO ST. PETERSBURG, FL 33731 US</b>	Mailing Address <b>7606 RIDGE RD APT 102F SEMINOLE, FL 33772-5237 US</b>
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03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7591085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HARRIOTT, DONALD T 7606 RIDGE RD APT 102F SEMINOLE, FL 33772</b>
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**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 DATE Mar 25 2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	

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04/09/08-80101-007 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 Donald T. Harriott Mar 25 2008 727 343 7963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #