

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90045 021 ****61.25

DOCUMENT # C10394			
1. Entity Name JAMES YEAGER CHAPTER NO. 62, ROYAL ARCH MASONS			
Principal Place of Business NORTH GROVE & JEFFERSON ST. P.O. BOX 90 LAWTEY, FL 32058		Mailing Address NORTH GROVE & JEFFERSON ST. P.O. BOX 90 LAWTEY, FL 32058	
2. Principal Place of Business 24716 Grove St. Suite, Apt. #, etc. P. O. Box 431 City & State Lawtey, Fl.		3. Mailing Address 24716 Grove St. Suite, Apt. #, etc. P. O. Box 431 City & State Lawtey, Fl.	
Zip 32058-0431		Country US	
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4. FEI Number 59-1969078		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEEMAN, ERNEST W 2553 S.E. 144TH STREET STARKE, FL 32091		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		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 D MILLEDGE, MURPHY 1815 NW 7 PLACE GAINESVILLE, FL 32603	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D Davis Raymond M. Jr 14900 NW 46 Ave. Alaucha, Fl. 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D COMACHO, FRANCISCO T 3241 N.W. 233 ST. LAWTEY, FL 32058	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP T BEEMAN, ERNEST W 2553 S.E. 144TH ST. STARKE, FL 32091	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP S WILKERSON, LLOYD 5022 STATE ROAD 218 MIDDLEBURG, FL 320683552	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP S Hall Howard D. 4929 Peppergrass St. Middleburg, Fl. 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D FAGERBERG, SIEGFRED W 203 N.W. HWY. 441 MICANOPY, FL 32667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Ernest W. Beeman</u> Ernest W. Beeman		2-17-05 (904) 964-8985	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	