

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90060 027 ****61.25

DOCUMENT # C10394			
1. Entity Name JAMES YEAGER CHAPTER NO. 62, ROYAL ARCH MASONS			
Principal Place of Business 24716 GROVE ST P.O. BOX 431 LAWTEY, FL 32058-0431		Mailing Address 24716 GROVE ST P.O. BOX 431 LAWTEY, FL 32058-0431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 HALL, HOWARD 4829 PEPPERGRASS ST. MIDDLEBURG, FL 32068 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACETTI, COY 8885 OLD GAINESVILLE RD JACKSONVILLE, FL 32234 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPIN III, RAYMOND W 4124 SCENIC DR MIDDLEBURG, FL 32068 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BEEMAN, ERNEST W 2553 S.E. 144TH ST. STARKE, FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ATWELL, ROBERT 4104 APPALOOSA RD MIDDLEBURG, FL 32068 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BULLARD, ROBERT H 1195 LAKE ASBURY DR GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 live empowered.			
SIGNATURE: <u>Ernest W. Beeman</u>		7-14-08 904 964-8985	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	