

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10395 (7)
1. Corporation Name
HIRAM COUNCIL NO. 13 ROYAL AND SELECT MASONS



Principal Place of Business
**3845 CATALINA ST.
TITUSVILLE FL 32796**

Mailing Address
**3845 CATALINA ST.
TITUSVILLE FL 32796**

3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
04/13/1995

4. FEI Number
23-7583213

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**YOUNG, WM. ROBERT
3845 CATALINA ST.
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RATCLIFFE, JAMES D.	
STREET ADDRESS	3831 PARAPET DR.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOYER, ROBERT W	
STREET ADDRESS	3575 PALMER DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, WILLIAM G	
STREET ADDRESS	1420 MERCURY ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MALONE, GEORGE E	
STREET ADDRESS	1707 GOLFVIEW DR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, WM. ROBERT	
STREET ADDRESS	3845 CATALINA ST.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Moyer	
1.3 STREET ADDRESS	3575 Palmer Dr.	
1.4 CITY-ST-ZIP	Titusville, FL 32780	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George H. James	
2.3 STREET ADDRESS	988 Sarazen Dr.	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank Glenn	
3.3 STREET ADDRESS	1621 Cocoa Bay Blvd.	
3.4 CITY-ST-ZIP	Cocoa, FL 32926	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WM Robert Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WM ROBERT YOUNG 2/20/96 407/631-6910
Date Daytime Phone #

CR2E037 (12/95)