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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10395 (7)

1. Corporation Name
HIRAM COUNCIL NO. 13 ROYAL AND SELECT MASONS

Principal Place of Business 3845 CATALINA ST. TITUSVILLE FL 32786	Mailing Address 3845 CATALINA ST. 3575 PALMER DR TITUSVILLE FL 32780 US
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2. Principal Place of Business 21 COCOA YORK RITE BODIES Suite, Apt. #, etc. 22 40 CARMALT ST. City & State 23 COCOA, FL Zip 24 32922	2a. Mailing Address 26 COCOA YORK RITE BODIES Suite, Apt. #, etc. 27 P.O. Box 1061 City & State 28 CAPE CANAVERAL, FL Zip 29 32920-1061
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9. Name and Address of Current Registered Agent MOYER, ROBERT W 3575 PALMER DR TITUSVILLE FL 32780	10. Name and Address of New Registered Agent 81 Name DAN FITCH 82 Street Address (P.O. Box Number is Not Acceptable) 1240 TROPICAL COVE DRIVE 83 84 City MERRITT ISLAND FL 85 Zip Code 32952
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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]* DATE **2/2/98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MOYER, ROBERT
STREET ADDRESS	3575 PALMER DRIVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JAMES, GEORGE
STREET ADDRESS	988 SARAZAN DRIVE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	M <input type="checkbox"/> DELETE
NAME	GLENN, FRANK
STREET ADDRESS	1621 COCOA BAY BLVD
CITY-ST-ZIP	COCO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MALONE, GEORGE E
STREET ADDRESS	1707 GOLFVIEW DR
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MOYER, ROBERT W
STREET ADDRESS	3575 PALMER DR
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FITCH, DAN
STREET ADDRESS	1240 TROPICAL COVE TR
CITY-ST-ZIP	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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: *[Signature]* DATE **2/2/98** **467-453-3918**

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