


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90076 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C10395					
1. Corporation Name HIRAM COUNCIL NO. 13 ROYAL AND SELECT MASONS					
Principal Place of Business COCOA YORK RITE BODIES 40 CARMALT ST COCOA FL 32922 US			Mailing Address COCOA YORK RITE BODIES PO BOX 1061 CAPE CANAVERAL FL 32920-1061 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/15/1953	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7583213	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FITCH, DAN				81 Name			
1240 TROPICAL COVE DR				WILLIAM C. DREIER			
MERRITT ISLAND FL 32952				82 Street Address (P.O. Box Number is Not Acceptable)			
				4920 KEY LARGO DRIVE			
				83			
				84 City			
				TITUSVILLE FL			
				85 Zip Code			
				32780			

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 William C. Dreier **WILLIAM C. DREIER, TREASURER** Jan 27, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOYER, ROBERT			1.2 NAME			
STREET ADDRESS	3575 PALMER DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMES, GEORGE			2.2 NAME	SHAFER, BARRY R.		
STREET ADDRESS	988 SARAZAN DRIVE			2.3 STREET ADDRESS	390 NEWFOUND HARBOR DR.		
CITY-ST-ZIP	ROCKLEDGE FL			2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952		
TITLE	M	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	MANAGING DIRECTOR (M)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, FRANK			3.2 NAME	JAMES, GEORGE H.		
STREET ADDRESS	1621 COCOA BAY BLVD			3.3 STREET ADDRESS	988 SARAZAN DRIVE		
CITY-ST-ZIP	COCO FL			3.4 CITY-ST-ZIP	ROCKLEDGE, FL 32958		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALONE, GEORGE E			4.2 NAME	DREIER, WILLIAM C.		
STREET ADDRESS	1707 GOLFVIEW DR			4.3 STREET ADDRESS	4920 KEY LARGO DR.		
CITY-ST-ZIP	ROCKLEDGE FL			4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FITCH, DAN			5.2 NAME	WOLFE, RICHARD A.		
STREET ADDRESS	1240 TROPICAL COVE TR			5.3 STREET ADDRESS	1600 SANDPIPER DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL			5.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: William C. Dreier **WILLIAM C. DREIER** Jan 27, 1999
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)