

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90085 042 \*\*\*\*61.25

**DOCUMENT # C10395**

1. Entity 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  
2360 BAL HARBOUR TERRACE  
TITUSVILLE FL 32780  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7583213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, VIRGIL P JR.  
2360 BAL HARBOUR TERRACE  
TITUSVILLE FL 32780**

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

*Virgil P. Brown Jr.*  
Signature, typed or printed name of registered agent and title if applicable

*VIRGIL P. BROWN, JR.*  
(NOTE: Registered Agent signature required when reinstating)

*2/15/05*  
DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, VIRGIL P JR.	
STREET ADDRESS	2360 BAL HARBOUR TERRACE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEVEN, GEORGE	
STREET ADDRESS	4855 GANDY RD	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	T	<input type="checkbox"/> Delete
NAME	DREIER, WILLIAM C	
STREET ADDRESS	4920 KEY LARGO DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUBENHEIMER, BRUCE W SR.	
STREET ADDRESS	136 ST. CROIX AVE.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, RODGER S	
STREET ADDRESS	825 S. BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH WINDSOR	
STREET ADDRESS	1271 LITTLE OAK CIRCLE	
CITY-ST-ZIP	TITUSVILLE, FL 32780-7043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Virgil P. Brown Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VIRGIL P. BROWN, JR.*

Date

*2/15/05*

Daytime Phone #

*321-269-5969*