

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90147 017 \*\*\*\*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

7. Name and Address of New Registered Agent

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

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. Secretary/Recorder*

*7 Feb 2003*

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

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, VIRGIL P JR.</b>	
STREET ADDRESS	<b>2360 BAL HARBOUR TERRACE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CULLEN, CARLOS D</b>	
STREET ADDRESS	<b>985 BOUGANVILLEA DRIVE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DREIER, WILLIAM C</b>	
STREET ADDRESS	<b>4920 KEY LARGO DR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HINMAN, PHILLIP R</b>	
STREET ADDRESS	<b>1210 GOLDEN POND LANE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, RODGER S</b>	
STREET ADDRESS	<b>825 S. BANANA RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32954</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEORGE NEVEN</b>	
STREET ADDRESS	<b>4855 GANDY ROAD</b>	
CITY-ST-ZIP	<b>MIMS, FL 32754</b>	
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		

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.*  
**REQUIRED**

*7 Feb 2003 321-269-5969*

CR2E037 (10/02)