


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10397** (3)  
1. Corporation Name  
**INDIAN RIVER CHAPTER NO. 27 ROYAL ARCH MASONS**



Principal Place of Business <b>3845 CATALINA ST. TITUSVILLE FL 32796</b>	Mailing Address <b>3845 CATALINA ST. TITUSVILLE FL 32796-2210</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1953</b>		3a. Date of Last Report <b>02/23/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>23-7591081</b>		Applied For Not Applicable	
22 City & State		27 <b>3575 PALMER DR</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>TITUSVILLE FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>32780</b>		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>YOUNG WM. ROBERT 3845 CATALINA ST. TITUSVILLE FL 32796</b>				10. Name and Address of New Registered Agent			
				81 Name <b>ROBERT W. MOYER</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>3575 PALMER DR</b>			
				84 City <b>TITUSVILLE</b> <b>FL</b> 85 Zip Code <b>32780</b>			

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 **ROBERT W. MOYER** *Robert W Moyer* **3-17-97**  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLENN, FRANK</b>	1.2 NAME	<b>JAMES S GEORGE H</b>
STREET ADDRESS	<b>1821 COCOA BAY BLVD</b>	1.3 STREET ADDRESS	<b>988 SARAZAN DRIVE</b>
CITY-ST-ZIP	<b>COCOA FL</b>	1.4 CITY-ST-ZIP	<b>ROCKLEDGE FL.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, GEORGE H</b>	2.2 NAME	<b><del>GLENN, FRANK</del></b>
STREET ADDRESS	<b>98 SARAZAN DRIVE</b>	2.3 STREET ADDRESS	<b>1240 TROPICAL COVE DR.</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	2.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FITCH, DANIEL</b>	3.2 NAME	<b>SHAFER, BARRY</b>
STREET ADDRESS	<b>1240 TROPICAL COVE DRIVE</b>	3.3 STREET ADDRESS	<b>516 S. PLUMOSA ST</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MALONE, GEORGE E</b>	4.2 NAME	<b>DREIER, WILLIAM</b>
STREET ADDRESS	<b>1707 GOLFVIEW DR</b>	4.3 STREET ADDRESS	<b>4920 KEY LARGO DR</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	4.4 CITY-ST-ZIP	<b>TITUSVILLE, FL.</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, WM. ROBERT</b>	5.2 NAME	<b>MOYER, ROBERT W.</b>
STREET ADDRESS	<b>3845 CATALINA ST.</b>	5.3 STREET ADDRESS	<b>3575 PALMER DR</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	5.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>
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 do 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: **ROBERT W. MOYER** *Robert W Moyer* **3-17-97** **407 269 5649**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015661

CR2E037 (9/96)