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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 # C10397 (3)

1. Corporation Name
INDIAN RIVER CHAPTER NO. 27 ROYAL ARCH MASONS

Principal Place of Business 3845 CATALINA ST. TITUSVILLE FL 32796	Mailing Address 3575 PALMER DR. TITUSVILLE FL 32780 US
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2. Principal Place of Business 21 COCA YORR RITE BODIES Suite, Apt. #, etc. 22 40 CARMALT ST. City & State 23 COCOA, FL Zip 24 32922	2a. Mailing Address 26 COCA YORR RITE BODIES Suite, Apt. #, etc. 27 P.O. BOX 1061 City & State 28 CAPE CANAVERAL FL. Zip 29 32920-1061	Country 25 U.S.A.	Country 30 U.S.A.
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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
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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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, GEORGE H. 988 SARAZAN DR. ROCKLEDGE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITCH, DAN 1240 TROPICAL COVE DR MERRITT ISLAND FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITCH, DANIEL 1240 TROPICAL COVE DRIVE MERRITT ISLAND FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALONE, GEORGE E 1707 GOLFVIEW DR ROCKLEDGE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOYER, ROBERT W. 3575 PALMER DR. TITUSVILLE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRIER, WILLIAM 4920 KEY LARGO DR. TITUSVILLE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 2/2/98 407-453-3918



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