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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10397

1. Corporation Name

INDIAN RIVER CHAPTER NO. 27 ROYAL ARCH 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

23-7591081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FITCH, DAN
1240 TROPICAL COVE DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name **WILLIAM C. DREIER**
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

TITLE **D** ☒ DELETE
NAME **JAMES, GEORGE H.**
STREET ADDRESS **988 SARAZAN DR.**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☒ DELETE
NAME **FITCH, DAN**
STREET ADDRESS **1240 TROPICAL COVE DR**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **D** ☒ DELETE
NAME **FITCH, DANIEL**
STREET ADDRESS **1240 TROPICAL COVE DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **T** ☒ DELETE
NAME **MALONE, GEORGE E**
STREET ADDRESS **1707 GOLFVIEW DR**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **T** ☐ DELETE
NAME **DRIER, WILLIAM DREIER**
STREET ADDRESS **4920 KEY LARGO DR.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MANAGING DIRECTOR (M)** ☒ Change ☒ Addition
1.2 NAME **SHAFFER, BARRY R.**
1.3 STREET ADDRESS **390 NEWFOUND HARBOR DR.**
1.4 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE **DIRECTOR (D)** ☒ Change ☒ Addition
2.2 NAME **WOLFE, RICHARD A.**
2.3 STREET ADDRESS **1600 SANDPIPER DRIVE**
2.4 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

3.1 TITLE **DIRECTOR (D)** ☒ Change ☒ Addition
3.2 NAME **POOLE, WALTER R.**
3.3 STREET ADDRESS **200-5 SPRING DRIVE**
3.4 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

407-383-4266

Jan 27, 1999

CR2E037 (1/198)