

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-15-2004 90012 003 ****61.25

DOCUMENT # C10397					
1. Entity Name INDIAN RIVER CHAPTER NO. 27 ROYAL ARCH MASONS					
Principal Place of Business 40 CARMALT STREET COCOA FL 32922 US			Mailing Address COCOA YORK RITE BODIES 2360 BAL HARBOUR TERRACE TITUSVILLE FL 32780-1061 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7591081	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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: <i>Virgil P. Brown Jr</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, VIRGIL P JR. 2360 BAL HARBOUR TERRACE TITUSVILLE FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREIER, WILLIAM C 4920 KEY LARGO DRIVE TITUSVILLE FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, WALTER R 1210 GOLDEN POND AVENUE MERRIT ISLAND FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE W. LAUBENHEIMER SR 136 ST. CROIX AVE COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, CARLOS D 958 BOUGANVILLEA DRIVE ROCKLEDGE FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, RODGER S 825 S. BANANA RIVER DRIVE MERRITT ISLAND FL 32954		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND C. ASHMAN 3416 ROCKY GAP PLACE COCOA, FL 32926-7416	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Virgil P. Brown Jr</i> VIRGIL P. BROWN JR 4/07/04 321-269-5969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					