


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # C10406 1. Entity Name MONROE CHAPTER NO. 15 ROYAL ARCH MASONS	
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Principal Place of Business 212 N. PARK AVE. SANFORD, FL 32771 US	Mailing Address 212 N. PARK AVE. SANFORD, FL 32771 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1800309	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FREDEY, DANA L
2765 SAWDUST COURT
OVIEDO, FL 32765-6631**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, FREDERICK F JR 702 OAK AVE. SANFORD, FL 327712531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID 912 N. FAIRBAIN DR. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROBERT M 370 MCCLAIN LANE GENEVA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, JAMES A 186 FOREST LANE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FREDEY, DANA L 2765 SAWDUST CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80069-025 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #