## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT # C10422 1. Entity Name 02-15-2006 90034 004 \*\*\*\*61.25 JOPPA CHAPTER NO. 28 ROYAL ARCH MASONS Principal Place of Business Mailing Address 4850 OLEANDER AVE. FORT PIERCE FL 34951 3628 12 ST SW. VERO BEACH FL 32968-4941 3. Mailing Address 2811 S. E. JANET ST 2. Principal Place of Business 4850 OLEANDER AVE Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For ORT PIERCE TUART LORIDA 59-1813849 Not Applicable \$8.75; Additional ---5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNEY, BUD E 3628 12 ST SW. Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34946 2811 S.E. JANET ST 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 SECRETARY FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change Addition EVANS-BROWN, DAVID NAME NAME 360 MELTON DR STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-ZIP OTIS BEN GEIGER, II Delete Change TITLE TITLE ☐ Addition 1733 S.W. 32 TERR PALM CITY, FL. 34990 BARNEY, BUD E High PRIEST NAME NAME 3628 12TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMPSON, EDWARD S NAME NAME STREET ADDRESS STREET ADORESS 480 S MARKET RD CITY-ST-ZIP FT PIERCE FL 32982 CITY-ST-ZIP SECRETARY PAUL W. FRIEND 2811 S.E. JANET ST Delete TITLE Change TITLE ☐ Addition NAME FRIEND, PAUL NAME STREET ADDRESS P.O. BOX 6113 STREET ADDRESS STUART, FL. 34997 CITY - ST- ZIP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED