

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 017 ****61.25

DOCUMENT # C10422 1. Entity Name JOPPA CHAPTER NO. 28 ROYAL ARCH MASONS					
Principal Place of Business 4850 OLEANDER AVE. FORT PIERCE, FL 34951 US			Mailing Address 2811 S.E. JANET ST STUART, FL 34997 US		
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FCI Number 23-7591082				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEND, PAUL W 2811 S.E. JANET ST STUART, FL 34997			7. Name and Address of New Registered Agent 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 _____ Signature, handwritten and verified by registered agent or authorized officer					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	HP PICKFORD, JOHN D 137 SW E DANVILLE CIR PORT SAINT LUCIE, FL 34953	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	GREEN, ST HIGH PRIEST GREEN, JAMES A. 2428 SW 18TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY ST ZIP	T THONPSON, EDWARD S 480 S MARKET RD FORT PIERCE, FL 34992	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S FRIEND, PAUL W 2811 SE JAMES ST STUART, FL 34997	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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 a other like empowered.					
SIGNATURE: Paul W. Friend / PAUL W. FRIEND SECRETARY 3/17/08 772-260-6404					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					