

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90023 027 ****61.25

DOCUMENT # C10427 1. Entity Name EUREKA CHAPTER NO. 7, ROYAL ARCH MASONS					
Principal Place of Business 3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422			Mailing Address 3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1811838	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLETCHER, JOHN B JR 3813 WYLDEWOOD LANE ORLANDO, FL 32806-7422				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)					
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	D BIGGS, PATRICK M 2913 CONDEL DRIVE ORLANDO, FL 32812	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TISH, SAMUEL A. 2107 KEWANNEE TRAIL CASSELBERRY, FL 32707-5616	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WARREN, CHARLES W 664 WREN DR CASSELBERRY, FL 327074817	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T COLLIER, GEORGE T. 6618 HORSE SHOE BEND ORLANDO, FL 32822-3677	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S FLETCHER, JOHN B JR 3813 WYLDEWOOD LANE ORLANDO, FL 328067422	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOVETT, CAMERON W 7827 BARBERRY DRIVE ORLANDO, FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARTEAGA, MIGUEL A. 16015 BIRCHWOOD WAY ORLANDO, FL 32828-6924	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CAIN, REX C 3812 VIRGINIA DR ORLANDO, FL 328033051	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ 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 all other like empowered.					
SIGNATURE: <u>John B. Fletcher, Jr.</u> JOHN B. FLETCHER, JR. 1/10/2008 407-851-8456 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					