FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

C10428

(6)

| 1. Corporation Name | | | | | | | | | | |
|--|--|----------|--------------------------|---------------------|---------------------------------------|--------------|--|-----------------------|---|--|
| MOUNT HOREB CHAPTER NO. 6, ROYAL ARCH MASONS | | | | | | | | | | |
| Income of the first in the firs | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | | | | | |
| 1090 SENIC HIGHWAY P.O. BOX 1813 PENSACOLA FL 32501 PENSACOLA FL 32598-1813 | | | | | | 3 | | | 3. Date Incorporated or Qualified | |
| US | | | | | | , () | | | 06/15/1953 | |
| | | | | | | | | | 4. FEI Number Applied For | |
| 2. | Principal Place of Business 2a. Mailing A | | | | Address | | | | 23-7591064 Not Applicable | |
| 21 | | | | <u>⊢</u> , | 26 | | | | 5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6. | |
| - | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5,00 May Be | |
| 22 | | 27 | | | | | | | Trust Fund Contribution Added to Fees | |
| | City & State | | | - | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 | 7:- | <u> </u> | - Country | | Zip Country | | | | ☐ Yes ☐ No | |
| 24 | Zip | | Country | Zip | | — | untry | ' | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | |
| 24 | | 9. Name | 26 and Address of Currer | 29 The Registered A | pent | 30 | Τ | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| | | | | | | | 81 | Name | | |
| CALDWELL, DREXEL P | | | | | | | 82 | Stroot | Address (P.O. Box Number is Not Acceptable) | |
| 2110 W CYPRESS ST | | | | | | | 52. Sileet Address (F.O. Box Number is Not Acceptable) | | | |
| PENSACOLA FL 32501 | | | | | | | 83 | | | |
| | | | | | | 84 City | | | 85 Zip Code | |
| | | | | | | | FL | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-roffice or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | e-named the corps. | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE _ | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | | | | | | | d Age | nt signature | e required when remetating) DATE | |
| 12 | | <u>D</u> | OFFICERS AN | D DIRECTORS | DELETE | 13. 1.1 T | TIE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Change XI Addition | |
| NA | ļ | • | CHADIES E | | | 1.2 N | | İ | DIRECTOR — : | |
| | NAME GREEN, CHARLES E STREET ADDRESS 4560 TERRA SANTA | | | | · · · · · · · · · · · · · · · · · · · | | | ADDRESS | HENDRIX, CHARLES A. | |
| | CITY-ST-ZIP PENSACOLA FL | | | | 1.4 0 | | | | MILTON, FL 32583 | |
| TITE | | D | | | DELETE | 2.1 T | | | Change Addition | |
| NAA | ME | SMITH, | GREGORY D | | | 2.2 N | AME | | | |
| STR | STREET ADDRESS 2744 HONEYWOOD DRIVE | | | | 2.3 STRE | | | ADDRESS | | |
| CIT | Y-ST-ZIP | PENSAC | COLA FL | | | 2.40 | HY-S | ST-ZIP | | |
| TITL | | Ţ | | | DELETE | 3.1 11 | | | Change Addition | |
| | AME GORDON, CLARY D | | | | 3.2 NAME | | | | | |
| | STREET ADDRESS 3830 E JOHNSON AVE OITY-ST-ZIP PENSACOLA FL | | | | 3.3 STREET ADD | | | | | |
| | Y-ST-ZIP | | OLA FL | ···. | DELETE | | | ST-ZIP | ☐ Change ☐ Addition | |
| TITL | | | | | 4.1 TI 4.2 N | | | i change Li Aughon i | | |
| | | | | | - 1 | | ADDRESS | | | |
| | | | | | | • | IKEEI ITY-S | | 1 | |
| TITL | | 1 CHORL | VVLN I L | <u> </u> | DELETE | 5.1 TI | | 1-4IF | ☐ Change ☐ Addition | |
| NAA | | | | ' | | 5.2 N | | | | |
| | EET ADDRESS | | | | | | | ADDRESS | 1 | |

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

Drevel & Coldobsell

☐ DELETE

March 9, 1998

Addition

Change

FILED

Mar 13 1998 8:00am

Secretary of State