

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90287 029 ****61.25

DOCUMENT # C10428

1. Entity Name

MOUNT HOREB CHAPTER NO. 6, ROYAL ARCH MASONS



Principal Place of Business

**189 W. AIRPORT BLVD
PENSACOLA FL 32505**

Mailing Address

**189 W. AIRPORT BLVD
PENSACOLA FL 32505
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7591064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDWELL, DREXEL P
2110 W CYPRESS ST
PENSACOLA FL 32501**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME PEREZ, CHARLES
STREET ADDRESS 7649 NORTHPOINTE DRIVE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME GILMAN, RICHARD A
STREET ADDRESS 4168 AQUA VISTA DRIVE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME BAKER, THOMAS L
STREET ADDRESS 5365 MORGAN RIDGE DR.
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Change ☒ Addition
NAME Rodgers, O. Thomas
STREET ADDRESS 1755 Fairchaild
CITY-ST-ZIP Pensacola, FL 32504

TITLE ☐ Delete
NAME JACOBS, WILLIAM R
STREET ADDRESS 4057 SHERIDAN DR.
CITY-ST-ZIP RACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME BUSH, TIMOTHY B
STREET ADDRESS 6802 RICKWOOD DR.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Change ☒ Addition
NAME Arthur J LaRose
STREET ADDRESS 2646 Sherrilane Drive
CITY-ST-ZIP Cantonment, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/27/04

Date

800 969 9011

Daytime Phone #