2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2007 8:00 am **Secretary of State** DOCUMENT # C10428 1. Entity Name 02-23-2007 90040 031 ****61.25 MOUNT HOREB CHAPTER NO. 6, ROYAL ARCH MASONS Principal Place of Business Mailing Address 189 W. AIRPORT BLVD 189 W. AIRPORT BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 23-7591064 Not Applicable Zip Country Country 7ip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo JACOBS, WILLIAM R. GILMAN, RICHARD A Stract Address (P.O. Box Number is Not Acceptable) 4057 SHERIDAN DR. 4168 AQUA VISTA DR PENSACOLA FL 32504 Zip Code 32571 **PACE** 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 above named endry February 7th, 2007 William R. Jacobs, Secretary/Recorder SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Defete TITLE TITLE Change Addilion NAME NAMI PEREZ, CHARLES STREET ADDRESS STREET ADDRESS 7649 NORTHPOINTE DRIVE CITY-ST-7IP PENSACOLA FL 32514 CITY ST ZIP HILE TITLE ☐ Change XX Addition XX Detete GILMAN, RICHARD A NAMI JACOBS, WILLIAM R. STREET ADDRESS 4168 AQUA VISTA DRIVE STREET ADDRESS 4057 SHERIDAN DR. CITY-SI-7/P CHY ST ZIP PENSACOLA FL 32504 PACE, FL 32571 Change HILL ☐ Delete THE Addition D. NAME МАМЯ HAYNO, DALE L STREET ADDRESS STREET ADDRESS 2378 WINDSTONE DR CITY ST-7IP CITY ST-ZIP PENSACOLA FL 32526 TITLE 11111 ☐ Change **XX**Addition XX Delete D NAME LAROSE, ARTHUR J NAME LECROY, CHARLES T. STREET ADDRESS STREET ADDRESS 2646 SHERRILANE DRIVE 783 BISON ST. CITY ST-ZIP CITY ST-7P CANTONMENT FL 32533 PENSACOLA, FL 32514 MILE ☐ Defete ☐ Channe DILE ■ Addition WALKER, DAVID A JR NAME STREET ADDRESS STREET ADDRESS 1600 GOVERNORS DR SUITE 1313 CITY-ST-ZIP PENSACOLA FL 32504 CITY ST /IP HILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST ZIP

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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 eath; that I am an efficer or director of the corporation or the receiver or true of 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 all address, with all other like empowered.