


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90019 014 \*\*\*\*61.25

**DOCUMENT # C10428**  
 1. Entity Name  
**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  
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 1st MOORE CR2E037 (10/07)

City & State City & State  
 Zip Country Zip Country

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**  
**JACOBS, WILLIAM R**  
**4057 SHERIDAN DR**  
**PACE FL 32571**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW. 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**

TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, CHARLES	
STREET ADDRESS	7649 NORTHPOINTE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACOBS, WILLIAM R	
STREET ADDRESS	4057 SHERIDAN DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYNO, DALE L	
STREET ADDRESS	2378 WINDSTONE DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, DAVID A JR	
STREET ADDRESS	1600 GOVERNORS DR SUITE 1313	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	LECROY, CHARLES T	
STREET ADDRESS	783 BISON ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL G. KIRTLEY	
STREET ADDRESS	9807 LOQUAT DR.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN H. BRYANT, JR.	
STREET ADDRESS	7925 W. EAGLE CREEK DR.	
CITY-ST-ZIP	DAPHNE, AL 36526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, or all other like empowered.

**SIGNATURE:** WILLIAM R. JACOBS (SECRETARY) 4/23/08 850-969-9016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR