

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10428

FILED
Apr 14, 2009
Secretary of State

Entity Name: MOUNT HOREB CHAPTER NO. 6, ROYAL ARCH MASONS

Current Principal Place of Business:

189 W. AIRPORT BLVD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

189 W. AIRPORT BLVD
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 23-7591064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PEREZ, CHARLES
Address: 7649 NORTHPOINTE DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: JACOBS, WILLIAM R
Address: 4057 SHERIDAN DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: KIRTLEY, CARL G
Address: 9807 LOQUAT DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: BRYANT, JOHN H JR
Address: 7925 W. EAGLE CREEK DRIVE
City-St-Zip: DAPHNE, AL 36526

Title: D () Delete
Name: LECROY, CHARLES T
Address: 783 BISON ST
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BRIGGS, FREDDIE C JR
Address: 14375 INNERARITY POINT RD
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARKS, RONALD L
Address: 624 WAYNE AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: GAITHER, JOHNNY D
Address: 5296 SPRING STREET
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R JACOBS

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date