

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90458 038 ****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

4. FEI Number **23-7591064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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 **D** ☐ 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 **T** ☐ 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 **S** ☒ Delete
NAME **DUNCAN, FRED M**
STREET ADDRESS **780 ASH DR.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Change ☒ Addition
NAME **Thomas L. Baker**
STREET ADDRESS **5365 Morgan Ridge Drive**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☐ 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 **D** ☒ Delete
NAME **HENDRIX, CHARLES A**
STREET ADDRESS **5977 YUCCA DRIVE**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **D** ☐ Change ☒ Addition
NAME **Timothy B. Bush**
STREET ADDRESS **6802 Rickwood Drive**
CITY-ST-ZIP **Pensacola, FL 32526**

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] REQUIRED

4-23-03

880 479 3676

CR2E037 (10/02)