

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # C10430 1. Corporation Name

ST. JOHNS CHAPTER NO. 4, ROYAL ARCH MASONS

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90021 050 ****61.25

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| | | | | | | | - | |
|---|---|---|-------------------|--|--|--------------|------------------|---------------|
| Principal Place | e of Business | Mailing Address | | | | | • | |
| 2557 N. SPRING GARDEN AVE. DELAND FL 32720 US | | C/O RON FRITCH P.O. BOX 3127 DELAND FL 32723-3127 US | | X | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | ···· | 3. Date Incorporated or Qualife | <u></u> d | | |
| 21 | | 26 P.O. Box 1 | 206 | | 06/15/1953 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 4. FEI Number | | _ `` | lied For |
| 22 | | 27 | | | 59-3037115 | | | Applicable |
| City & State | | City & State | | | 5. Certifcate of Status Desired | | \$8.75 Ac | uired |
| Zip | Country | | | try | 6. Election Campaign Financin | , _ | \$5.00 N | • • |
| 24 | 25 29 3272/-/206 30 | | 0 | Trust Fund Contribution 10. Name and Address of New Reg | | Pagistared | Added to | rees |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | U. Name and Address of New | Kegistereu | VAGIN | , |
| | | | | or realis | | | | |
| FRITCH, RONALD J SECY | | | Ī | 82 Street Ad | dress (P.O. Box Number is Not Acce | otable) | | |
| 1420 E. EUCLID AVE | | | } | 83 | | | | |
| DELAND F | ·L 32724 | | | | | | | |
| | | | ĺ | 84 City | | FL | 85 Zip C | ode |
| 11 Burguant | to the provisions of Sections 617.0502 | and 617 1508 Florida Statutes | the ab | ove-named co | rporation submits this statement for the | e purpose of | changing its r | egistered |
| office or r | egistered agent, or both, in the State o | of Florida. Such change was ลม | nonzea | by the corpora | tion's board of directors. I hereby acc | ept the appo | intment as reg | istered |
| • | m familiar with, and accept the obligat | ~ A | a Siaiu | 20 00 | 7.11 | Len 1 | 3 199 | 9 |
| SIGNATURE | Signature, typed or printed name of registered agen | and title if applicable. (NOTE: F | Registered | gent signature requ | ired when reinstating) | DATE | - | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO C | FFICERS A | ID DIRECTOR | |
| TITLE | D | ☐ DELETE | 1.1 131 | | | | Change | Addition |
| NAME | COMBS, JOHN A | | 1.2 NA | Æ / | Bul Hamison 3/2, west Church : Zehand, FL 3272 | c.s | | |
| STREET ADDRESS; | ALALA E DODOLT DD | | 1.3 ST | REET ADORESS 8 | 3/2, wast church ' | ۶۷, | | |
| CITY-ST-ZIP | ASTOR FL | | 1.4 CIT | Y-ST-ZIP | 724and, FL 3272 | <u>0-407</u> | <u>/</u> | |
| TITLE | D | ☐ DELETE | 2.1 TIT | .E | , | | ☐ Change | ☐ Addition |
| NAME | VAN NESS, PETE | | 2.2 NA | ME [| | | | |
| STREET ADDRESS | 229 S BLUE LAKE AVENUE | | 2.3 STI | REET ADDRESS | | | | } |
| CITY-ST-ZIP | DELAND FL | | 2. 4 CF | Y-ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 3.1 TIT | E | *** | - | - Change | ☐ Addition . |
| NAME | SCHUCK, WILLIAM | | 3.2 NA | ME (| | | | ļ |
| STREET ADDRESS | 726 NORTH FLORIDA AVENUE | | 3.3 STI | REET ADDRESS | | | | 1 |
| CITY-ST-ZIP | DELAND FL | | | Y-ST-ZIP | | | | ☐ Addition |
| TITLE | T | ☐ DELETE | 4.1 TIT | | | | Change | ☐ Addition |
| NAME | MULLER, JOHN W | | 4.2 NA | , I | | | | ļ |
| STREET ADDRESS | | | • | REET ADDRESS | | | | |
| CITY-ST-ZIP | DELAND FL 32724 | □ pc: F7c | 4 | Y-ST-ZIP | | | ☐ Change | Addition |
| TITLE | S | ☐ DELETE | 5.1 T/T 5.2 NA | I | | | | |
| NAME | FRITCH, RONALD J | | | REET ADDRESS | | | | 1 |
| STREET ADDRESS | | | | Y-ST-ZIP | | | | • |
| CITY-ST-ZIP | DELAND FL | ☐ DELETE | 5.4 CIT | | | | ☐ Change | Addition |
| TITLE | | [_] DELETE | 6.2 NA | | | | | |
| NAME | | | I. | REET ADDRESS | | | | ļ |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | 1 | | 0.4 UI | Y-ST-ZIP | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rona LACTO AFRITAL RIPE