

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # C10430

1. Entity Name
ST. JOHNS CHAPTER NO. 4, ROYAL ARCH MASONS



Principal Place of Business
**2557 N. SPRING GARDEN AVE.
DELAND, FL 32721 US**

Mailing Address
**C/O RON FRITCH
PO BOX 681
DELAND, FL 32721-0681 US**

DO NOT WRITE IN THIS SPACE



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3037115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRITCH, RONALD J SECY
736 W. RICH AVE.
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMBS, JOHN
STREET ADDRESS	24016 BOBCAT RD
CITY-ST-ZIP	ASTOR, FL 321022616
TITLE	D
NAME	CANFIELD, HESTEL
STREET ADDRESS	129 RABUN CT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	SCHUCK, WILLIAM
STREET ADDRESS	726 NORTH FLORIDA AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	T
NAME	MULLER, JOHN W
STREET ADDRESS	708C E MINNESOTA AVE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	S
NAME	FRITCH, RONALD J
STREET ADDRESS	736 W RICH AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	SCHUETZ, FREDERICK
STREET ADDRESS	1418 DOUGLAS AVE
CITY-ST-ZIP	DELAND, FL 32720

000000271043
03/21/05-80031-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ronald J Fritch* 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-738-4323