


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90109 038 \*\*\*\*61.25

<b>DOCUMENT # C10430</b>	
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 <del>PO BOX 681</del> DELAND, FL 32721-0681 US
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**50002681**



2. Principal Place of Business	3. Mailing Address <i>736 W Rich Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142006 Chg-NP CR2E037 (11/05)

City & State <i>DeLand FL</i>	4. FEI Number 59-3037115	Applied For Not Applicable
Zip <i>32720</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FRITCH, RONALD J SECY 736 W. RICH AVE. DELAND, FL 32720	
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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 <i>Ronald J Fritch, Secy</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>3/13/06</i>

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, JOHN <input type="checkbox"/> Delete 24016 BOBCAT RD ASTOR, FL 321022616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANFIELD, HESTEL <input type="checkbox"/> Delete 129 RABUN CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUCK, WILLIAM <input type="checkbox"/> Delete 726 NORTH FLORIDA AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>D</del> MULLER, JOHN W <i>Deceased</i> 708C E MINNESOTA AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITCH, RONALD J <input type="checkbox"/> Delete 736 W RICH AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUETZ, FREDERICK <input type="checkbox"/> Delete 1418 DOUGLAS AVE DELAND, FL 32720

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>John Cox 970 Bramble Bush Cir PO Box 10429 FL 32127</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ronald J Fritch, Secy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>3/13/06</i> DAYTIME PHONE # <i>386-738-4323</i>