

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10432 (8)

1. Corporation Name

LAKELAND CHAPTER NO. 29 ROYAL ARCH MASONS

Principal Place of Business

1106 E MAIN ST
LAKELAND FL

Mailing Address

NEAL E. PERFECT
1164 WATERVIEW BOULEVARD EAST
LAKELAND FL 33801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1953

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1811043

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☐\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PERFECT, NEAL E
1164 WATERVIEW BLVD E
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPDP
CAPPS, CHARLES A.
1910 ELM ROAD
LAKELAND FL 33801TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPDV
PAUGH, JOHN H.
4710 VALLEY HILL DRIVE NORTH
LAKELAND FL 33813TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPT
NEWSOME, JACK R
1554 FERN RD
LAKELAND FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPS
PERFECT, NEAL E
1164 WATERVIEW BLVD E
LAKELAND FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
LANIER, CHARLES R. SR.
621 GRIFFIN ROAD
LAKELAND FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☒ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

D

WILLIAM F. WYLLIE
2404 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Neal E. Perfect, RA

4/15/95

Date

813-665-4494

Telephone Number