

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

**1164 WATERVIEW BOULEVARD EAST
LAKELAND FL 33801
US**

3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 **141 Shadow Lane**

Suite, Apt. #, etc.

27 City & State

28 **Lakeland FL**

29 Zip

33813

Country

30 **Polk**

4. FEI Number
59-1811043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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
Duane B. Young

82 Street Address (P.O. Box Number is Not Acceptable)
141 Shadow Lane

83

84 City
Lakeland

FL 85 Zip Code
33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Duane B. Young
Signature, typed or printed name of registered agent and title of corporation

NOTE: Registered Agent's signature required when reappointing.

DATE:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CAPPS, CHARLES A.**
CITY-ST-ZIP **1910 ELM ROAD
LAKELAND FL 33801**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **PAUGH, JOHN H.**
CITY-ST-ZIP **4710 VALLEY HILL DRIVE NORTH
LAKELAND FL 33813**

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **NEWSOME, JACK R**
CITY-ST-ZIP **1554 FERN RD
LAKELAND FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **PERFECT, NEAL E**
CITY-ST-ZIP **1164 WATERVIEW BLVD E
LAKELAND FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WYLLIE, WILLIAM F**
CITY-ST-ZIP **2404 CLEVELAND HEIGHTS BLVD.
LAKELAND FL**

TITLE ☐ DELETE
NAME **~~XXXX~~**
STREET ADDRESS **~~XXXX~~**
CITY-ST-ZIP **~~XXXX~~**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE **DS** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33801**

5.1 TITLE **DP** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **33803**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **YOUNG, DUANE B.**
6.3 STREET ADDRESS **141 SHADOW LANE**
6.4 CITY-ST-ZIP **LAKELAND FL 33813**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

941-665-4494

CR2E037 (12/95)