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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10432

1. Corporation Name

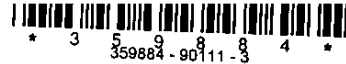
LAKELAND CHAPTER NO. 29 ROYAL ARCH MASONS

Principal Place of Business

1106 E MAIN ST
 LAKELAND FL

Mailing Address

1164 WATERVIEW BLVD STE E
 LAKELAND FL 33801-6748
 US



2. Principal Place of Business

21 Suite, Apt. #: etc.

2a. Mailing Address

26 141 SHADOW LANE

3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

23-7591083

Applied For

Not Applicable

23 City & State

27 LAKELAND FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

33813

Country

Polk

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

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

Neal E. Perfect

(NOTE: Registered Agent signature required when reinstating)

4/9/99

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	CAPPS, CHARLES A.	
STREET ADDRESS	1910 ELM ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	YOUNG, DUANE B	
STREET ADDRESS	141 SHADOW LN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PERFECT, NEAL E	
STREET ADDRESS	1164 WATERVIEW BLVD E	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PRUITT, THOMAS C	
STREET ADDRESS	5934 VELVET LOOP	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES R. LANIER SR
3.3 STREET ADDRESS	717 GRIFFIN ROAD
3.4 CITY-ST-ZIP	LAKELAND FL 33805
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT B. HISTED SR
4.3 STREET ADDRESS	925 LK HOLLINGSWORTH DR
4.4 CITY-ST-ZIP	LAKELAND FL 33803
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAUGH, JOHN H.
5.3 STREET ADDRESS	4710 VALLEY HILL CT
5.4 CITY-ST-ZIP	LAKELAND FL 33813
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MAKAL, NEIL C.
6.3 STREET ADDRESS	609 HOLT CIRCLE
6.4 CITY-ST-ZIP	WINTER HAVEN FL 33880

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: *Neal E. Perfect*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL E. PERFECT, RA

1/11/99

941-665-4494

Date

Daytime Phone #

CR2E037 (11/98)