


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

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # C10433 1. Entity Name JACKSON CHAPTER NO. 32 ROYAL ARCH MASONS		
Principal Place of Business 2842 MAGNOLIA BLOSSOM LANE MARIANNA, FL 32446		Mailing Address 2842 MAGNOLIA BLOSSOM LANE MARIANNA, FL 32446
DO NOT WRITE IN THIS SPACE		 01122005 No Chg-NP CR2E037 (10/03) 4. FEI Number 59-0344570 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
6. Name and Address of Current Registered Agent ALMAND, HOWARD WARREN JR 2842 MAGNOLIA BLOSSOM LANE MARIANNA, FL 32446-6394		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000350323 05/02/05-80100-009 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAXTER, ERNEST P.O. BOX 262 N/A GREENWOOD, FL 32447	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYRE, RANDALL 7838 HOMEFRONT ROAD GRAND RIDGE, FL 32442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TATOM, CHARLES P.O. BOX 154 N/A GREENWOOD, FL 32443	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAMBE, ARNOLD 3488 SPRING HOLLOW DR MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALMAND, WARREN 2842 MAHNILIA BLOSSOM LANE MARIANNA, FL 32446	
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: <u>H. Warren Almand Jr.</u> 1/13/05 (850) 482-4809 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #