

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0344570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMAND, HOWARD WARREN JR  
2842 MAGNOLIA BLOSSOM LANE  
MARIANNA FL 32446-6394

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAXTER, ERNEST	
STREET ADDRESS	P.O. BOX 262 N/A	
CITY- ST- ZIP	GREENWOOD FL 32447	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYRE, RANDALL	
STREET ADDRESS	7838 HOMEFRONT ROAD	
CITY- ST- ZIP	GRAND RIDGE FL 32442	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATOM, CHARLES	
STREET ADDRESS	P.O. BOX 154 N/A	
CITY- ST- ZIP	GREENWOOD FL 32443	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMBE, ARNOLD	
STREET ADDRESS	3488 SPRING HOLLOW DR	
CITY- ST- ZIP	MARIANNA FL 32446	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALMAND, WARREN	
STREET ADDRESS	2842 MAGNOLIA BLOSSOM LANE	
CITY- ST- ZIP	MARIANNA FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000624079	
CITY- ST- ZIP	02/14/07-80017-006-61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Howard Warren Almand Jr.*

Feb. 1, 2007

850-482-4809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #