

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 025 ****61.25

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

1st MOORE

CR2E037 (10/07)

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

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

7. Name and Address of New Registered Agent

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 is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☒ Delete
NAME BAXTER, ERNEST
STREET ADDRESS P.O. BOX 262 N/A
CITY- ST- ZIP GREENWOOD FL 32447

TITLE D ☐ Delete
NAME TYRE, RANDALL
STREET ADDRESS 7838 HOMEFRONT ROAD
CITY- ST- ZIP GRAND RIDGE FL 32442

TITLE D ☐ Delete
NAME TATOM, CHARLES
STREET ADDRESS P.O. BOX 154 N/A
CITY- ST- ZIP GREENWOOD FL 32443

TITLE T ☐ Delete
NAME LAMBE, ARNOLD
STREET ADDRESS 3488 SPRING HOLLOW DR
CITY- ST- ZIP MARIANNA FL 32446

TITLE S ☐ Delete
NAME ALMAND, WARREN
STREET ADDRESS 2842 MAGNOLIA BLOSSOM LANE
CITY- ST- ZIP MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: H. Warren Almand Jr. H. Warren Almand, Jr. 2/7/08