


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90031 024 ****61.25

DOCUMENT # C10435					
1. Entity Name SARASOTA CHAPTER NO. 35 ROYAL ARCH MASONS					
Principal Place of Business 2160 MAIN ST SARASOTA, FL 34237 US		Mailing Address P. O. BOX 17051 SARASOTA, FL 34276 US			
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 59-6196829	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE BUSK, JERRY A 3650 WEBBER STREET SUITE H SARASOTA, FL 34232			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, GILBERT		NAME		
STREET ADDRESS	401 GOLDEN SANDS DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTT, LOUIS		NAME		
STREET ADDRESS	1104 RIVIERA ST		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE BUSK, JERRY A		NAME		
STREET ADDRESS	3650 WEBBER STREET SUITE H		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, JOHN D		NAME		
STREET ADDRESS	7904 HAMPTON CT		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 342012220		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____			Date: 4/28/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

40103778



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6196829 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

Filing 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	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GILBERT	
STREET ADDRESS	401 GOLDEN SANDS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ORTT, LOUIS	
STREET ADDRESS	1104 RIVIERA ST	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE BUSK, JERRY A	
STREET ADDRESS	3650 WEBBER STREET SUITE H	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWELL, JOHN D	
STREET ADDRESS	7904 HAMPTON CT	
CITY-ST-ZIP	BRADENTON, FL 342012220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		

PD ~~SD~~

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/2008
Date

Daytime Phone #