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May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10437 (7)

1. Corporation Name

WINTER HAVEN CHAPTER NO. 41 ROYAL ARCH MASONS

Principal Place of Business

MASONIC TEMPLE
375 AVENUE A S.E.
WINTER HAVEN FL 33880
US

Mailing Address

163 BONNIE DRIVE
AUBURNDAL FL 33823-2720
US3. Date Incorporated or Qualified
06/15/19533a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, ARNOLD R
163 BONNIE DR
AUBURNDAL FL 33823-2720

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NILES, CHARLES F J	
STREET ADDRESS	21 CYPRESS RUN	
CITY-ST-ZIP	HAINES CITY FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B. HOLLOWAY ROLLINS III	
1.3 STREET ADDRESS	126 LAKE SEARS DR. SW	
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880-1227	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN L HILT	
STREET ADDRESS	1 GARDON WAY	
CITY-ST-ZIP	WINTER HAVEN FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TREAS.	<input type="checkbox"/> DELETE
NAME	BUTLER, DONALD J. JR.	
STREET ADDRESS	3737 US HWY 27 N B14	
CITY-ST-ZIP	HAINES CITY FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOCKETT, PAUL E	
STREET ADDRESS	2441 BRENT AVE	
CITY-ST-ZIP	WINTER HAVEN FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	KRAMER, ARNOLD R	
STREET ADDRESS	163 BONNIE DR	
CITY-ST-ZIP	AUBURNDAL FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

C. RUBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD R. KRAMER 3/21/97 941-942-8853

Date

Daytime Phone # 0063303

CR2E037 (9/96)