

FILE NOW: FILING FEE IS \$61.25

~ NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90064 015 ****61.25

DOCUMENT # C10437

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
AUBURNDALE FL 33823-2720
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/15/1953

4. FEI Number

23-7591093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PINER, STEPHEN D
STREET ADDRESS 51 STRAPMORE DRIVE
CITY-ST-ZIP HAINES CITY FL 33844-6208

TITLE D ☒ DELETE
NAME NORMAN L HILT
STREET ADDRESS 1 GARDON WAY
CITY-ST-ZIP WINTER HAVEN FL

TITLE T ☐ DELETE
NAME BUTLER, DONALD J JR
STREET ADDRESS 3737 US HWY 27 N B14
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE
NAME ROLLINS, B. HOLLOWAY III
STREET ADDRESS 126 LAKE SEARS DR SW
CITY-ST-ZIP WINTER HAVEN FL 33880-1227

TITLE S ☒ DELETE
NAME KRAMER, ARNOLD R
STREET ADDRESS 163 BONNIE DR
CITY-ST-ZIP AUBURNDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME ROBERT HERRAULT
1.3 STREET ADDRESS 116 14TH STREET
1.4 CITY-ST-ZIP SEBRING, FL 33879

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SECRETARY ☒ Change ☐ Addition
5.2 NAME LARRY WHITCHARD
5.3 STREET ADDRESS 860 SADDLE OAKS DRIVE SW
5.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: ARNOLD R. KRAMER 1/11/99 941-967-8953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)