

2004 **2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **C10438**

1. Entity Name

**DUVAL CHAPTER NO. 48 ROYAL ARCH MASONS**



Principal Place of Business

**5700 COLCORD AVE  
JACKSONVILLE FL 32211  
US**

Mailing Address

**5700 COLCORD AV  
JACKSONVILLE FL 32211  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**MINTZ, RICHARD C  
8192 MONTASONTA AV  
JACKSONVILLE FL 32211**

Name **John C. Barber**

Street Address (P.O. Box Number is Not Acceptable)  
**5453 Southbend Cir N.**

City **Jacksonville**

**FL**

Zip Code **32207**

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

*John C. Barber*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**10-14-04**

**FILE NOW: FEE IS \$81.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
NAME **WRIGHT, CECIL L SR.**  
STREET ADDRESS **1644 EL CAMINO RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216** ☐ Delete

TITLE **000041973150**  
NAME **10/19/04--01017--008 \*\*297.50** ☐ Change ☐ Addition

TITLE **D**  
NAME **MINTZ, RICHARD C**  
STREET ADDRESS **8192 MONTASONTA AV**  
CITY-ST-ZIP **JACKSONVILLE FL 32211** ☒ Delete

TITLE **Secretary**  
NAME **John C. Barber**  
STREET ADDRESS **5453 Southbend Cir N.**  
CITY-ST-ZIP **Jacksonville, FL 32207** ☐ Change ☒ Addition

TITLE **D**  
NAME **WALDING, JERRY E**  
STREET ADDRESS **7015 MISS MUFFET LN. W**  
CITY-ST-ZIP **JACKSONVILLE FL 32210** ☐ Delete

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

TITLE **---**  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---** ☐ Delete

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

TITLE **---**  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---** ☐ Delete

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

TITLE **---**  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---** ☐ Delete

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

12. 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 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:

*John C. Barber* **John C. Barber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-14-04 (904) 338-5182**

Date

Daytime Phone #