2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# C10442

Entity Name: SURF CHAPTER NO. 57 ROYAL ARCH MASONS

Current Principal Place of Business:

BROOKS STREET
FT WALTON BEACH, FL 32548

New Principal Place of Business:

133 BROOKS STREET
FT WALTON BEACH, FL 32548

Current Mailing Address:

195 DELUNA ROAD SW
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-1889199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, WILLIAM A
195 DELUNA RD
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

HOWARD, WILLIAM A S
195 DELUNA RD
FT WALTON BEACH, FL 32548 US

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.

SIGNATURE: WILLIAM A HOWARD 01/05/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PETTIS, DONNIE
Address: 113 GARDNER DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete
Name: SIDONI, SAMUEL
Address: 9 JONQUIL AVE NW
City-St-Zip: MARY ESTHER, FL 32569

Title: T ( ) Delete
Name: LILLIE, CHARLES R
Address: 212 HOLMES BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S (X) Delete
Name: HOWARD, WILLIAM A,
Address: 195 DELUNA RD
City-St-Zip: FT WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SIDONI, SAMUEL
Address: 9 JONQUIL AVE NW
City-St-Zip: MARY ESTHER, FL 32569

Title: T (X) Change ( ) Addition
Name: LILLIE, CHARLES R T
Address: 212 HOLMES BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A HOWARD S 01/05/2005
Electronic Signature of Signing Officer or Director Date