

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # C10442

1. Entity Name
SURF CHAPTER NO. 57 ROYAL ARCH MASONS



Principal Place of Business
**133 BROOKS STREET
FT WALTON BEACH, FL 32548**

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



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1889199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000785037
01/16/08-80077-027 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DURHAM, JAMES A P
P.O. BOX 6
VALPARAISO, FL 32580**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PYBUS, BRANDON S D
308 MIRACLE STRIP PKWY #31D
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOWARD, WILLIAM A T
195 DELUNA ROAD SW
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATERS, CARL E D
1033 BLVD PARISIENCE
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A Howard
1/09/2008

Date

850 243 6256
Daytime Phone #