

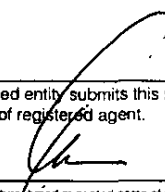
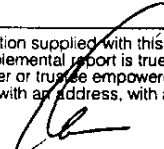


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90047 001 \*\*\*245.00

<b>DOCUMENT # C10450</b> 1. Entity Name <b>TAMPA-CUSHING CHAPTER NO. 3, ROYAL ARCH MASONS</b>					
Principal Place of Business <b>4210 W. OKLAHOMA AVE. TAMPA, FL 33616</b>			Mailing Address <b>P.O. BOX 19367 TAMPA, FL 33686-9367 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>23-7591061</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DEAN, KEITH W 704 COULTER PL BRANDON, FL 33511</b>					
7. Name and Address of New Registered Agent Name <b>Keith W. Dean</b> Street Address (P.O. Box Number is Not Acceptable) <b>3517 Moores Lake Road</b> City <b>Dover</b> <b>FL</b> Zip Code <b>33527</b>				01242007    Chg-NP      CR2E037 (12/06)	
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  <b>Keith W. Dean 1/23/2007</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKITAY, STANLEY H 5040 BARROWE DR. TAMPA, FL 336242593	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Rakita, Stanley H. 5040 Barrowe Drive Tampa, FL 33624-2593	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALISTER, SCOTT 30428 COLEHAVEN CT WESLEY CHAPEL, FL 335437824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert St. Jöhn 3704 Kantrel Place Valrico, FL 33594-6920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, KENNETH P 303 SAND RIDGE RD VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Robert St. Jöhn 3704 Kantrel Place Valrico, FL 33594-6920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGSTER, RICHARD S 3602 W EUCLID AVE TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert St. Jöhn 3704 Kantrel Place Valrico, FL 33594-6920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, KEITH W 3517 MOORES LAKE RD. DOVER, FL 33527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert St. Jöhn 3704 Kantrel Place Valrico, FL 33594-6920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert St. Jöhn 3704 Kantrel Place Valrico, FL 33594-6920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert St. Jöhn 3704 Kantrel Place Valrico, FL 33594-6920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>Keith W. Dean 1/23/2007 813/831-5406</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					