

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C10453 (4)

1. Corporation Name

DADE CITY CHAPTER NO. 8, ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

13642-12 ST  
DADE CITY FL 33525-4511

13642-12 ST  
DADE CITY FL 33525-4511

APPROVED  
AND  
FILED

95 APR 27 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1992  
3a. Date of Last Report 04/29/1994

4. FEI Number 59-2627476  
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 13642-21ST ST

28 P.O. BOX 2185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DADE CITY

27 BUSHNELL

City & State

City & State

23 FL

28 FL

Zip

Country

Zip

Country

24 33525 25 PASCO

29 33513 30 SUMTER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSHING, JAMES JOSEPH  
4990 SW 123 RD  
WEBSTER FL 33597

81 Name CHARLES B. SCHARCH Sec'y

82 Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box 2185 CR 674 #8055

83

84 City Bushnell FL 85 Zip Code 33513

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |
|-----------------|-------------------------|
| TITLE           | D                       |
| NAME            | RUSHING, J JOSEPH       |
| STREET ADDRESS  | 4990 SW 123 RD          |
| CITY - ST - ZIP | WEBSTER FL              |
| TITLE           | D                       |
| NAME            | KING, LOUIE ALLEN       |
| STREET ADDRESS  | P.O. BOX 8 N/A          |
| CITY - ST - ZIP | TRULBY FL               |
| TITLE           | D                       |
| NAME            | SCHILLING, FRED CHARLES |
| STREET ADDRESS  | 37415 DUKE LANE         |
| CITY - ST - ZIP | ZEPHYRHILLS FL          |
| TITLE           | T                       |
| NAME            | HUTCHESON, MORGAN       |
| STREET ADDRESS  | PROSPECT RD.            |
| CITY - ST - ZIP | DADE CITY FL 33525      |
| TITLE           | S                       |
| NAME            | MONNET, HAROLD A        |
| STREET ADDRESS  | 3032 CENTENNIAL RD.     |
| CITY - ST - ZIP | DADE CITY FL            |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  | Kirkpatrick, Morgan H.                                                       |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | TREASURER                                                                    |
| 4.3 STREET ADDRESS  | MORGAN H. KIRKPATRICK                                                        |
| 4.4 CITY - ST - ZIP | 35120 PROSPECT RD.<br>DADE CITY, FL 33523                                    |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | SECRETARY                                                                    |
| 5.3 STREET ADDRESS  | CHARLES B. SCHARCH                                                           |
| 5.4 CITY - ST - ZIP | P.O. BOX 2185<br>BUSHNELL, FL. 33513                                         |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Charles B. Scharch

CHARLES B. SCHARCH, Feb 28, 95

914-775-3847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #