

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **C10453** (4)
1. Corporation Name
DADE CITY CHAPTER NO. 8, ROYAL ARCH MASONS



Principal Place of Business
**13642 21 STREET
DADE CITY FL 33525
US**

Mailing Address
**PO BOX 2185
BUSHNELL FL 33513
US**

3. Date Incorporated or Qualified
06/15/1992

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2627476

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State **SAME**
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State **SAME**
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**SCHARCH, CHARLES B.
PO BOX 2185
CR 674 #8055
BUSHNELL FL 33513**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Same**
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(If None: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RUSHING, JOSEPH	4800 SW 123 RD	WEBSTER FL	<input checked="" type="checkbox"/>
D	KING, LOUIE ALLEN	P.O. BOX 8 N/A	TRILBY FL	<input type="checkbox"/>
D	SCHILLING, FRED CHARLES	37415 DUKE LANE	ZEPHYRHILLS FL	<input checked="" type="checkbox"/>
T	KIRKPATRICK, MORGAN H.	35120 PROSPECT ROAD	DADE CITY FL	<input checked="" type="checkbox"/>
S	SCHARCH, CHARLES B.	PO BOX 2185 N/A	BUSHNELL FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D	STEVE DIECKHOBER	37323 LONG AVE.	DADE CITY, FL. 33525	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	TOMMY K. JORDAN, JR.	40500 MESICK RD.	DADE CITY FL 3352	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)