FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



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 Meiling Address							- I PORTURI KIDI IKUK BOKK BIKOL BIKOR KIDI BIRAK BIRAK BIRAK BIRAK BIRAK BIRAK RADIK			
13642 21 STRE	48040 NI STREET							6 Day 1997		
13642 21 STREET								3. Date Incorporated or Qualified		
US US								06/15/1992 4. FEI Number Applied For		
								7.55.00		
2. Principal Place of Business 2a. Mailing Address								49 EYE! IIY		
21			26					5. Certificate of Status Desired		
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.					Election Campaign Financing \$5.00 May Be		
22			27	27				Trust Fund Contribution Added to Fees		
City & Stat	ө		City & State					7. Is this nonprofit corporation a homeowners association?		
23			28					☐ Yes ☐ No		
	Zip C		<u> </u>	Zip Cou		ry		8. This corporation owes or has paid the current year Intangible		
		25	29		30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						1	Name	10. Name and Address of New Registered Agent		
						1	Namo			
	CH, CHARL	F2 R.			8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PO BOX					6	3				
CR 674 #8055 BUSHNELL FL 33513						1				
					8		City	FL 85 Zip Code		
11. Pursuant	to the provis	sions of Sections 617.050	2 and 617	7.1508, Florida Statut	tes, the abo	ve-	named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
agent. (a	registered açı ım familiar w	gent, or both, in the State ith, and accept the obliga	of Florida	Section 617.0503, Fk	aumonzea i orida Statut	es.	the corporation	on s board or directors. I hereby accept the appointment as registered		
SIGNATURE										
	Signature, typed	or printed name of registered age				gen	t signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME DIECKOBER, STEVE				L DECEIE	DELETE 1.1 TITLE 1.2 NAME			Citange Ci Addition		
1										
DANE OFFICE ASSAULT							ODRESS			
TITLE DADE CITY FL 33525				DELETE	1.4 CITY- 2.1 TITLE	_	- ZIP	☐ Change ☐ Addition		
NAME	KING, LOUIE ALLEN			- Occesio	2.2 NAME		1			
STREET ADDRESS P.O. BOX 8 N/A					2.2 NAME		ADDDCCC			
l man and me				2.40						
CITY-ST-ZIP TRILBY FL.				DELETE 3.1 T			- ENF	Change Addition		
NAME	SCHILLING, FRED CHARLES				3.2 NAME					
STREET ADDRESS 37415 DUKE LANE							address			
CITY-ST-ZIP ZEPHYRHILLS FL				3.4. 6						
TITLE				☐ DELETE	_	4.1 TITLE		Change Addition		
NAME						4. 2 NAME				
STREET ADDRESS 40500 MESICK RD				4.3 STREET AD		DORESS				
CITY-ST-ZIP DADE CITY FL 33525				4.4 CITY-ST-ZIP		- ZIP				
TITLE \$				DELETE				Change Addition		
NAME SCHARCH, CHARLES B.					5.2 NAME					
STREET ADDRESS PO BOX 2185 N/A				5.3 STREET A		DORESS				
CITY-ST-ZIP					5.4 CITY-	ST-	- ZIP			
TITLE DELETE				6.1 TITLE	6.1 TITLE		☐ Change ☐ Addition			
NAME					6.2 NAME					
l 1						ET A	DDRESS			
CITY+ST+7/P	l				6.4 CITY+	ST.	- 71P			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 any address.

CIONATURE

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FILED

Apr 13 1998 8:00am

Secretary of State

CR2E037 (10/97