2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
04-17-2002 90173 028 ****61.25

DOCUMENT # C10453

1. Entity Name

DADE CITY CHAPTER NO. 8, ROYAL ARCH MASONS

94758

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13642 21 STREET DADE CITY FL 33525 US	40500 MESSICK RD DADE CITY FL 33525 US

2. Principal Place of Business	3. Mailing Address
	P.O. Box 134
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Dade City. FL.
Zip / Country	Zip: 33526 / Country: Pasco

4. FEI Number: 59-2627476 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN, JR., TOMMY V 40500 MESSICK RD DADE CITY FL 33525	Name: RON EDGERTON Street Address (P.O. Box Number is Not Acceptable): 12301 SCOTT DR City: DADE CITY FL Zip Code: 33525

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.

SIGNATURE: Ron Edgerton RON EDGERTON — APRIL 4- 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HP THOMPSON, DAVID R 8653 CR 624A BUSHNELL FL 33513	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HIGH PRIEST ARRAYA MIGUEL 14230 15TH ST APT 2 DADE CITY FL. 33523 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	K ARDYA, HIGUEL D 14230 101 ST APT 2 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KING TOM COLLINS 850 MOONLIGHT LANE BROOKSVILLE FL. 34601-3014 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLLINS, THOMAS A 850 MOONLIGHT LN BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCRIBE JOHN BATES 21950 SQUIRREL PAIRIE RD BROOKSVILLE FL 34610 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, TOMMY V JR. 40500 MESICK RD DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. DEACON GEORGE ROBINSON JR. 11518 TUSCANNY AVE SPRINGHILL FL. 34698 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBINSON, GEORGE JR. 11518 TUSCANNY AVE SPRINGHILL FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RECORDER RON EDGERTON 12301 SCOTT DR. DADE CITY FL. 33525 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: Ron Edgerton SIGNATURE REQUIRED RON EDGERTON — APRIL 4, 2002 — 352-567-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #