

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90010 010 ****61.25

DOCUMENT # C10453

1. Entity Name
DADE CITY CHAPTER NO. 8, ROYAL ARCH MASONS



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

Mailing Address
**P.O. BOX 134
DADE CITY, FL 33526 US**

54017491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-NP

CR2E037 (10/03)

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

**BATES, JOHN C JR
21950 SQUIRREL PRAIRIE RD
BROOKSVILLE, FL 34610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John C Bates, Jr

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

(NOTE: Registered Agent signature required when reinstating)

3/3/04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE HP
NAME ROBINSON, GEORGE
STREET ADDRESS 11518 TUSANNY AVE
CITY-ST-ZIP SPRING HILL, FL 34608 ☒ Delete

TITLE HP
NAME Burnsed, James
STREET ADDRESS 38020 Coleman Ave
CITY-ST-ZIP Dade City, FL 33531 ☐ Change ☒ Addition

TITLE K
NAME BURNSED, JAMES
STREET ADDRESS 38020 COLEMAN AVE
CITY-ST-ZIP DADE CITY, FL 33531 ☒ Delete

TITLE K
NAME ARRAYA, MIGUEL
STREET ADDRESS 14230 15th Street, Apt 2
CITY-ST-ZIP DADE CITY, FL 33523 ☐ Change ☒ Addition

TITLE S
NAME ARRAYA, MIGUEL
STREET ADDRESS 14230 15TH STREET APT 2
CITY-ST-ZIP DADE CITY, FL 33523 ☒ Delete

TITLE S
NAME Thompson, David
STREET ADDRESS 8053 CR 624A
CITY-ST-ZIP Bushnell, FL 33513 ☐ Change ☒ Addition

TITLE T
NAME KING, LOUIE
STREET ADDRESS P.O. BOX 8
CITY-ST-ZIP TRILBY, FL 33593 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BATES, JOHN
STREET ADDRESS 21950 SQUIRREL PRAIRIE RD
CITY-ST-ZIP BROOKSVILLE, FL 34610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John C Bates Jr

John C Bates Jr

3/3/04 3527965041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #