

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90183 032 ****61.25

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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		
2. Principal Place of Business			3. Mailing Address <i>1920 Libby Ct.</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <i>Holaday, FL</i>		
Zip	Country	Zip	Country	4. FEI Number 59-2627476	
<i>34690</i>	<i>USA</i>	<i>34690</i>	<i>USA</i>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <i>Carl E. Gilmore</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>1920 Libby Ct.</i>	
				City <i>Holaday</i>	
				FL <i>34690</i>	
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 <i>Carl E. Gilmore</i> <i>Carl E. Gilmore</i> <i>4/6/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	HP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	BURNSED, JAMES		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	38020 COLEMAN AVE		NAME		
CITY-ST-ZIP	DADE CITY, FL 33531		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	K	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRAYA, MIGUEL		NAME		
STREET ADDRESS	14230 15TH STREET, APT. 2		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<i>S Tom Collins</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DAVID		NAME	<i>850 Moonlight Lane</i>	
STREET ADDRESS	8653 CR 624A		STREET ADDRESS	<i>Brooksville, FL 34601</i>	
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LOUIE		NAME		
STREET ADDRESS	P.O. BOX 8		STREET ADDRESS		
CITY-ST-ZIP	TRILBY, FL 33593		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<i>S Carl E. Gilmore</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JOHN		NAME	<i>1920 Libby Ct.</i>	
STREET ADDRESS	21950 SQUIRREL PRAIRIE RD		STREET ADDRESS	<i>Holaday, FL 34690</i>	
CITY-ST-ZIP	BROOKSVILLE, FL 34610		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Carl E. Gilmore</i> <i>Carl E. Gilmore</i> <i>4/6/05</i> <i>724-938-3375</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					