


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90045 009 \*\*\*\*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  
 1920 LIBBY COURT  
 HOLIDAY, FL 34690 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01042008 Chg-NP CR2E037 (12/06)

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**

**GILMORE, CARL E.**  
**1920 LIBBY CT**  
**HOLIDAY, FL 34690**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
HP	ARAYA, MIGUEL	14430 LAWRENCE ST.	DADE CITY, FL, 33523	<input type="checkbox"/>
K	THOMPSON, DAVID	8653 CR 624 A	BUSHNELL, FL 33513	<input checked="" type="checkbox"/>
S	COLLINS, TOM	850 MOONLIGHT LANE	BROOKSVILLE, FL 34601	<input type="checkbox"/>
T	KING, LOUIE	P.O. BOX 8	TRILBY, FL 33593	<input type="checkbox"/>
S	GILMORE, CARL E.	1920 LIBBY CT	HOLIDAY, FL 34690	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
K	Burnsed, James	32020 Coleman Ave.	Dade City, FL 33531	<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"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Carl E. Gilmore **1/4/08** **727 937 2849**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #