

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10453

FILED  
May 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

13642 21 STREET  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

1920 LIBBY COURT  
HOLIDAY, FL 34690 US

**New Mailing Address:**

1907 CARDAMON DR  
TRINITY, FL 34655 US

FEI Number: 59-2627476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GILMORE, CARL E.  
1907 CARDAMON DR  
TRINITY, FL 34655 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/02/2009

Date

**OFFICERS AND DIRECTORS:**

Title: HP ( ) Delete  
Name: ARAYA, MIGUEL  
Address: 14430 LAWRENCE ST.  
City-St-Zip: DADE CITY, FL 33523

Title: K ( ) Delete  
Name: BURNSD, JAMES  
Address: 38020 COLEMAN AVE  
City-St-Zip: DADE CITY, FL 33531

Title: S ( ) Delete  
Name: COLLINS, TOM  
Address: 850 MOONLIGHT LANE  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T ( ) Delete  
Name: KING, LOUIE  
Address: P.O. BOX 8  
City-St-Zip: TRILBY, FL 33593

Title: S ( ) Delete  
Name: GILMORE, CARL E.  
Address: 1920 LIBBY CT  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: HP (X) Change ( ) Addition  
Name: GILMORE, CARL  
Address: 1907 CARDAMON DR  
City-St-Zip: TRINITY, FL 34655

Title: K (X) Change ( ) Addition  
Name: COLLINS, TOM  
Address: 850 MOONLIGHT LANE  
City-St-Zip: BROOKSVILLE, FL 34601

Title: S (X) Change ( ) Addition  
Name: AUSTIN, JAMES  
Address: 3452 TROY DR  
City-St-Zip: ZEPHYRHILLS, FL 33549

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BURNSD, JAMES  
Address: 38020 COLEMAN AVE  
City-St-Zip: DADE CITY, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL GILMORE

Electronic Signature of Signing Officer or Director

HP

05/02/2009

Date