


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91236 006 ****61.25

DOCUMENT # C92000000002 1. Entity Name Ocala Chapter No. 13, Royal Arch Masons					
Principal Place of Business 5871 SE BASE LINE ROAD BELLEVUE, FL 34420				Mailing Address P.O. BOX 292 LECANTO, FL 34460	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7591070	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
APONTE, DAVID A 6620 W. CONSTITUTION LANE HOMOSASSA, FL 34448			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAROLTA, ANTHONY JR		NAME		
STREET ADDRESS	8220 N. HEATHROW DR.		STREET ADDRESS		
CITY - ST - ZIP	LECANTO, FL 344614972		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGERS, BENJAMIN		NAME	<i>C Ayres, Benjamin</i>	
STREET ADDRESS	2215 ASHLEY COURT		STREET ADDRESS	<i>2215 Ashley Court</i>	
CITY - ST - ZIP	OCALA, FL 344718381		CITY - ST - ZIP	<i>OCALA FL 34471-8381</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGHEY, JAMES H		NAME	<i>C. ALAN WALLS</i>	
STREET ADDRESS	PO BOX 416		STREET ADDRESS	<i>12821 E. Big Buck Trail</i>	
CITY - ST - ZIP	NOBLETON, FL 346610416		CITY - ST - ZIP	<i>FLORAL CITY, FL 34436</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APONTE, DAVID A		NAME		
STREET ADDRESS	6620 W. CONSTITUTION LN		STREET ADDRESS		
CITY - ST - ZIP	HOMOSASSA, FL 34448		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDMAN, JAMES P		NAME		
STREET ADDRESS	8545 E. KEATING PARK ST.		STREET ADDRESS		
CITY - ST - ZIP	FLORAL CITY, FL 344362802		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAROTTA, ANTHONY JR		NAME	<i>John P. Deakins</i>	
STREET ADDRESS	8220 N. HEATHROW DRIVE		STREET ADDRESS	<i>9395 SW 186 Terrace</i>	
CITY - ST - ZIP	LECANTO, FL 34461		CITY - ST - ZIP	<i>Dunnellon, FL 34432</i>	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/15/04</i> Daytime Phone #: <i>(352) 860-5020</i>		