## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **C92000000002**



## FILED Mar 10, 2003 8:00 am Secretary of State

OCALA CHAPTER NO. 13, ROYAL ARCH MASONS								03-10-2003 90776 048 ****61.25				
Principal Place of Business 5871 SE BASE LINE ROAD BELLEVIEW FL 34420			P.O. BC	Mailing Address P.O. BOX 292 LECANTO FL 34460						4000	m or s	
2. Principal F	Place of Busin	ness	3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.					CHECK HERE IF	MAKING C	HANGES	
City & State			City	City & State				4. FEI Number	23-7591070			pplied For
Zip	p Country			Zip				5. Certificate of	Status Desired		8.75 Add	
	6. Name	and Address of Curre	nt Registere	d Agent		-u- (		7. Name and A	ddress of New Re			
ADONTE	, DAVID A					"Name"		, ,				
6620 W.		TION LANE				Street A	ddress	(P.O. Box Number is	s Not Acceptable)			
ПОМОСР	100A FL 04	न्त्र <b>ा</b>	,			City				FL	Zip Code	e
		y submits this statement	for the purpo	ose of changing its	registere	d office o	registe	ered agent, or both,	in the State of Flori	ida. I am fan	ı niliar with,	and accept
the obligation	tions of regist	iered agent.										
SIGNATURE	Signature, typed	or printed rigme of registered age	ent and title if appli	icable (NOTE	· Registered	1 Agent signa	ure recibire	ed when reinstating)		DATE	<u> </u>	
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	FILE NOW	/: FEE IS \$61.25		9. Election Cam Trust Fund Co		_		\$5.00 May Be Added to Fees		e Check F a Departm		
10.	a t	7: FEE IS \$61.25	DIRECTORS	Trust Fund Co	ontributi	on.		Added to Fees ADDITIONS/CHAN	Florida IGES TO OFFICER	S AND DIRE	CTORS IN	State 10
10. 1 2	D	OFFICERS AND E	DIRECTORS		11.	on.	Ma	Added to Fees  ADDITIONS/CHAN  rota, Ant	Florida GES TO OFFICER	S AND DIRE	ent of S	State
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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: