

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C92000000009 (5)

1. Corporation Name

LIVE OAK CHAPTER NO. 25, ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

**MAYO MASONIC LODGE
E. US 27
MAYO FL 32066
US**

**C/O FORSTER, JAMES. S
P O BOX 1691
MAYO FL 32066
US**



3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
03/15/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, JAMES S
913 CENTRAL AVE. E
STEINHATCHEE FL 32359**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when restate is)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **D** ☒ DELETE
NAME **CAUSEY, REYNOLD**
STREET ADDRESS **P O BOX 43 N/A**
CITY-STATE-ZIP **DAY FL**

1.1 TITLE **SANDEG, SANDER** ☒ Change ☐ Addition
1.2 NAME **SANDEG, CHARLES**
1.3 STREET ADDRESS **RT 1 Box 736 N/A**
1.4 CITY-STATE-ZIP **PERRY, FL**

TITLE **DK** ☐ DELETE
NAME **MOCK, DONALD**
STREET ADDRESS **103 EL MATADOR**
CITY-STATE-ZIP **PERRY FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **WILLIAMS, CARL**
2.3 STREET ADDRESS **RR 4 Box 146 N/A**
2.4 CITY-STATE-ZIP **PERRY, FL**

TITLE **D** ☒ DELETE
NAME **WARE, RANDY**
STREET ADDRESS **RT 1 BOX 648**
CITY-STATE-ZIP **BRANFORD FL**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **THOMPSON, TROY**
3.3 STREET ADDRESS **RT 3 Box 1792**
3.4 CITY-STATE-ZIP **MAYO, FL**

TITLE **T** ☒ DELETE
NAME **MOCK, DONALD**
STREET ADDRESS **103 EL MATADOR**
CITY-STATE-ZIP **PERRY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **S** ☐ DELETE
NAME **FOSTER, JAMES S**
STREET ADDRESS **913 CENTRAL AVE E**
CITY-STATE-ZIP **STEINHATCHEE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James S. Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

352-498-2317

Date

Daytime Phone #