

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C93000000005

FILED
Jan 28, 2009
Secretary of State

Entity Name: PLANT CITY CHAPTER NO. 16 ROYAL ARCH MASONS

Current Principal Place of Business:

% OLIN S. WRIGHT MASONIC TEMPLE
304 ACACIA STREET
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

533 SCHUETTE ROAD
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 59-1810623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLESPIE, LARRY R
333 SCHUETTE ROAD
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MASON, DAVID JAMES
Address: 519 AVOCADO CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: FORD, JAMES W
Address: 2206 PARKWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: GILLESPIE, LARRY R
Address: 533 SCHUETTE ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: STEELE, THOMAS L
Address: 1107 PINEDALE DRIVE
City-St-Zip: PLANT CITY, FL 335666819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LARRY GILLESPIE

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01/28/2009

Electronic Signature of Signing Officer or Director

Date