


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90006 027 \*\*\*\*61.25

0057632

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>C93000000020</b>					
1. Corporation Name <b>THOMAS BROWN CHAPTER NO. 22, ROYAL ARCH MASONS</b>					
Principal Place of Business <b>915 MCLEOD ST BARTOW FL 33830</b>			Mailing Address <b>915 MCLEOD ST BARTOW FL 33830</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1953</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1852919</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		
9. Name and Address of Current Registered Agent <b>WEST, JOE K 915 MCLEOD ST BARTOW FL 33830</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	MOORE, TIM P				
STREET ADDRESS	5728 PIPES ROAD				
CITY-ST-ZIP	BARTOW FL 33830				
TITLE	<input type="checkbox"/> DELETE				
NAME	HOLLAND, B J				
STREET ADDRESS	1165 N MILL AVE				
CITY-ST-ZIP	BARTOW FL 33830				
TITLE	<input type="checkbox"/> DELETE				
NAME	PORTERFIELD, ROBERT W				
STREET ADDRESS	1230 SPRING COURT				
CITY-ST-ZIP	BARTOW FL				
TITLE	<input type="checkbox"/> DELETE				
NAME	CURRY, CHARLES B				
STREET ADDRESS	1415 PIER COURT				
CITY-ST-ZIP	LAKELAND FL 33813				
TITLE	<input type="checkbox"/> DELETE				
NAME	WEST, JOE K				
STREET ADDRESS	915 MCLEOD ST				
CITY-ST-ZIP	BARTOW FL 33830				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	HAROLD RIVERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	5818 MACAW PLACE				
1.3 STREET ADDRESS	LAKE LAND, FL 33809				
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joe K West* 11/7/99 941/533-9498