

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # C93000000020

1. Entity Name
THOMAS BROWN CHAPTER NO. 22, ROYAL ARCH MASONS



Principal Place of Business
**915 MCLEOD ST
BARTOW, FL 33830**

Mailing Address
**915 MCLEOD ST
BARTOW, FL 33830**

DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1852919	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEST, JOE K
915 MCLEOD ST
BARTOW, FL 33830**

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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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000325131 04/23/05-80003-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKER, JACK 1822 SUZANNE LANE LAKELAND, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, B J 1165 N MILL AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKER, JACK L 1822 SUZANNE LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, CHARLES B 1415 PIER COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, JOE K 915 MCLEOD ST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joe K West*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 **863/533-9498**
Date Daytime Phone #

Joe K. West, Secretary