2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 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

01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 title if corporate) (NOTE: Registered Agent signature required when relocating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution... ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HACKER, JACK
STREET ADDRESS	1822 SUZANNE LANE
CITY ST ZIP	LAKELAND, FL 33830
TITLE	T
NAME	HOLLAND, B J
STREET ADDRESS	1165 N MILL AVE
CITY ST ZIP	BARTOW, FL 33830
TITLE	D
NAME	HACKER, JACK L
STREET ADDRESS	1822 SUZANNE LANE
CITY ST ZIP	LAKELAND, FL 33813
TITLE	D
NAME	CURRY, CHARLES B
STREET ADDRESS	1415 PIER COURT
CITY ST ZIP	LAKELAND, FL 33813
TITLE	S
NAME	WEST, JOE K
STREET ADDRESS	915 MCLEOD ST
CITY ST ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

100001038677
01/20/06-80056-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 — 1-13-06 — 863-533/9498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #