## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT\# C93000000020 04-16-2007 90083 029 \*\*\*\*61.25 1. Entity Name THOMAS BROWN CHAPTER NO. 22, ROYAL ARCH **MASONS** Principal Place of Business Mailing Address 915 MCLEOD ST 915 MCLEOD ST BARTOW, FL 33830 BARTOW, FL 33830 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1852919 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEST, JOE K Street Address (P.O. Box Number is Not Acceptable) 915 MCLEOD ST BARTOW, FL 33830 City Zio Code 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 4 applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filling Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE **⊠** Delete TITLE Change Addition CASEYA FIETCHER HACKER, JACK NAME MAME RO.BOX 819 STREET ADDRESS 1822 SUZANNE LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33830 CITY-ST-70P BARTOW F/ 33831 De lete TITLE ΠTLE ☐ Change M Addition HOLLAND, BJ NAME NAME STREET ADDRESS 1165 N MILL AVE STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP De lete TITLE TITLE Change KEITH WARREN, JR. 5540 WOODWIND DRIVEL LAKE AND FI 33813 ☐ Addition HACKER, JACK L NAME NAME 1822 SUZANNE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-57-21P TITLE De lete TITLE Change Addition NAME CURRY, CHARLES B NAME STREET ADDRESS 1415 PIER COURT STREET ADDRESS CITY-5T-ZIP LAKELAND, FL 33813 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

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NAME

TITL F

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

WEST, JOE K

915 MCLEOD ST

BARTOW, FL 33830

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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Addition

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