## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

## **Secretary of State** DOCUMENT # N04000003871 03-08-2006 90168 018 \*\*\*\*61.25 LAKÉLAND CHAPTER NO. 29, ROYAL ARCH MASONS. Principal Place of Business Mailing Address 1106 EAST MAIN STREET, 141 SHADOW LANE LAKELAND, FL 33813-3594 LAKELAND, FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 Chg-NP CR2E037 (11/05) 4. FEI Number 23-7591083 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, DUANE B 141 SHADOW LANE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33813-3594 -City Zip 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Delete TITLE ☐ Addition TITLE ELLIAS, DR. JOHN B NEWSOME, JACK R. NAME NAME 2328 HOLLINGSWORTH HILL AVE STREET ADDRESS STREET ADDRESS 1554 FERN ROAD, CITY-ST-7P LAKE ALFRED, FL 33850 CITY-ST-7IP LAKELAND, FL 33801-2340 TITLE ☐ Delete TITI F ☐ Addition Change NAME CAPPS, CHARLES A NAME POOLE, GEORGE JEROME 2286 GARDEN CHASE DRIVE 7710 GREEN ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP LAKELAND, FL 33810-4884 T/D TITLE ☐ Delete TITLE Addition BRIGMAN, ROBERT G ZIEGLER, FLOYD (NMI) NAME NAME STREET ADDRESS **PO BOX 312** STREET ADDRESS 535 WEST PALMEDEN DRIVE LAKE ALFRED, FL 33850 CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL. 33803 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME YOUNG, DUANE B MAMF STREET ADDRESS 141 SHADOW LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 338133594 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITL F POOLE, G. JEROME NAME ROBERT S. HEHNLY NAME STREET ADDRESS 7710 GREEN ROAD STREET ADDRESS 4210 ROLLING OAKS DRIVE WINTER HAVEN, FL 33880 LAKELAND, FL 338104884 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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Mar 08, 2006 8:00 am

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