

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006455

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE CRESTVIEW CHAPTER NO. 40, ROYAL ARCH MASONS, INC.

Current Principal Place of Business:

404 GARDEN STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

PO BOX 1826
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 23-7157820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, ROGER D
4784 CORANADO CIR
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

WALLACE, ISAAC B
415 TWIN LAKES LANE
DESTIN, FL 32541 US

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.

SIGNATURE: ISAAC B WALLACE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOBIN, MARION C
Address: 695 VILLACREST DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: NORDAL, NEVIN H
Address: 505 CONE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: IAIN, JAMES E JR
Address: 1981 W. US 90
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: MCGUIRE, ROBERT D
Address: 4784 CORONADO CIRCLE
City-St-Zip: CRESTVIEW, FL 32539

Title: TD (X) Delete
Name: WHOBREY, EDDY C SR.
Address: 150 PATCH AVENUE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAIN, JAMES E
Address: 1981 W HWY US 90
City-St-Zip: CRESTVIEW, FL 32536

Title: D (X) Change () Addition
Name: WALLACE, ISAAC B
Address: 415 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: MCGUIRE, ROBERT D
Address: 4784 CORONADO CIR
City-St-Zip: CRESTVIEW, FL 32539

Title: SD (X) Change () Addition
Name: WHITMAN, LESLIE
Address: 1006 JUDITH AVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E CAIN

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date