

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90018 042 \*\*\*\*61.25

<b>DOCUMENT # N97000003236</b>					
<b>1. Entity Name</b> NASSAU CHAPTER NO. 49 ROYAL ARCH MASONS (RAM) OF FLORIDA, INC.					
<b>Principal Place of Business</b> 1101 SOUTH 14TH STREET FERNANDINA BEACH, FL 32035-0950			<b>Mailing Address</b> 1101 SOUTH 14TH STREET FERNANDINA BEACH, FL 32035-0950		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 23-7591097	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FULLWOOD, M. DANIEL 853 DIANE DR FERNANDINA BEACH, FL 32034			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> PUGLIESE, JOHN J 2360 CLINCH DRIVE FERNANDINA BEACH, FL 32034		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> AMOS, CARL S. 865 DIANE DR. FERNANDINA BEACH, FL 32034	
<b>S</b> FULLWOOD, M. DANIEL 853 DIANE DR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>D</b> CONSTANT, ALEXANDER E 2162 E. LAKESIDE DR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>D</b> COBB, RICHARD G 1832 BARD DR JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>D</b> GVOLDWIRE, WILLIAM 97189 EAGLE LANE YULEE, FL 32097	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE: M. DANIEL FULLWOOD</b> <i>M. Daniel Fullwood</i> 1-30-2005 (904) 261-6463					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					