

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90040 036 ****61.25

DOCUMENT # N97000003236					
1. Entity Name NASSAU CHAPTER NO. 49 ROYAL ARCH MASONS (RAM) OF FLORIDA, INC.					
Principal Place of Business 1101 SOUTH 14TH STREET FERNANDINA BEACH, FL 32035-0950			Mailing Address 1101 SOUTH 14TH STREET FERNANDINA BEACH, FL 32035-0950		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7591097	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOTTS, EUGENE M 389 OTTER RUN DR FERNANDINA BEACH, FL 32034			Name EUGENE M. BOTTS Street Address (P.O. Box Number is Not Acceptable) 96053 OTTER RUN DR. City FERNANDINA BEACH FL Zip Code 32034		
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: <i>Eugene M. Botts</i> EUGENE M. BOTTS <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMOS, CARL S 865 DIANE DR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLWOOD, M. DANIEL 853 DIANE DR FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANT, ALEXANDER E 2162 E. LAKESIDE DR FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, RICHARD G 1832 BARD DR JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GVOLDWIRE, WILLIAM 97189 EAGLE LANE YULEE, FL 32097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EUGENE M. BOTTS 96053 OTTER RUN DR. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEB TURNER 1408 S. PINE LANE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. HARRON DOZIER 204 S. 16TH STREET FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GVOLDWIRE, WILLIAM 97189 EAGLE LANE YULEE, FL 32097	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, 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 information.					
SIGNATURE: <i>Eugene M. Botts</i> EUGENE M. BOTTS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date MARCH 10, 2008 Daytime Phone # (904) 261-6394					